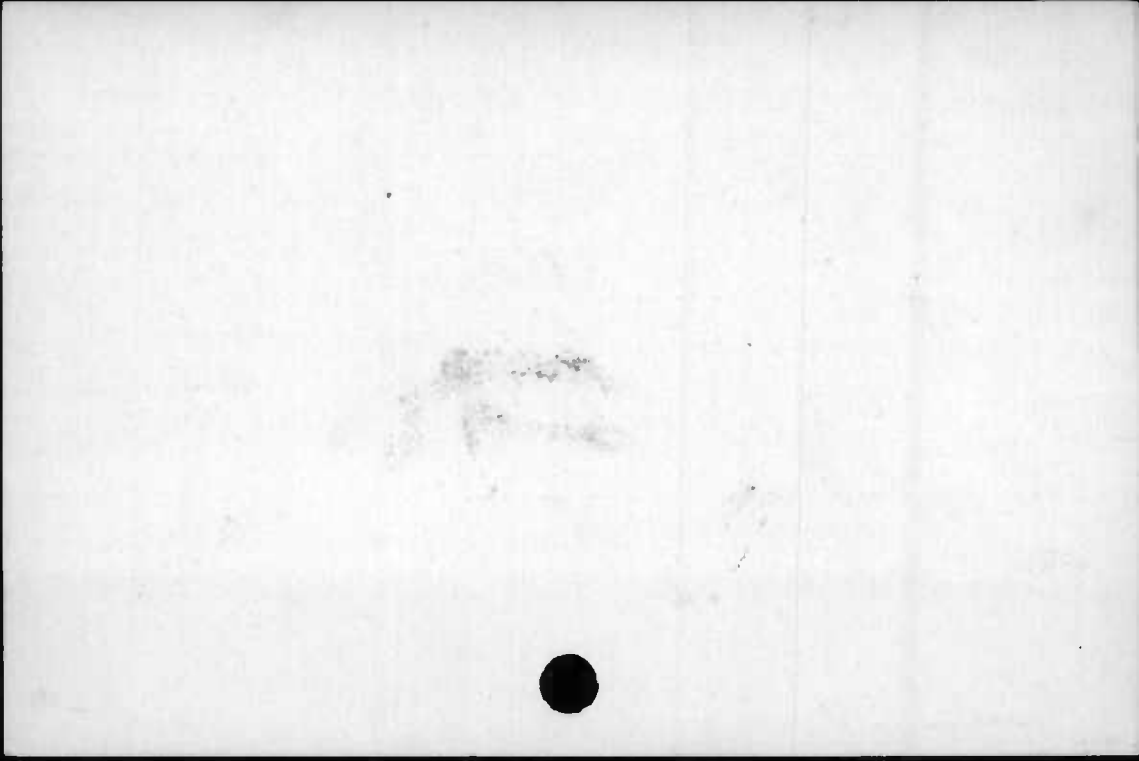


| | | | | | | | |
|----------------------------------------------------------------------|--|---------------------|-----------|-----------------------------------------|-----|----------------------|--------|
| Name in Full | | Hattie B. Boulton | | | | CERTIFICATE OF DEATH | |
| Died at | | Town Winchester | | County 2a | | MARYLAND | |
| Date of death | | 1906 | Month Aug | Day 28 | Age | Months 11 | Days 5 |
| Sex female | | Color or Race Black | | Birthplace | | Winton | |
| Occupation | | | | Where Residing if not at place of death | | 11 | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | | |
| Father's Name | | Sol Boulton | | Father's Birthplace | | Winchester | |
| Mother's Maiden Name | | Susie C. Marsh | | Mother's Birthplace | | 11 | |
| Name of person giving information | | Sol Boulton | | How related to deceased | | Sister | |
| <div style="text-align: center;">CAUSES OF DEATH</div> | | | | | | | |
| Primary | | Lung | | How long | | 1 month | |
| Immediate | | Bronch | | How long | | 11 | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | W. H. Leamon | |
| Accident or Suicide? | | | | Address | | Winton Undertaker | |



| | | | |
|----------------------------------------------------------------------------------------|--|------------------------------------------------------|--|
| Name in Full Edick M. Brown | | CERTIFICATE OF DEATH | |
| Died at near Centerville <small>Town</small> | | Tacoma Anne <small>County</small> | |
| Date of death 1906 <small>Month</small> 8 <small>Day</small> 28 | | Age 10 <small>Years</small> | |
| Sex Female | | Color or Race Black | |
| Occupation School | | Birth-place near Centerville | |
| Where Residing if not at place of death Place of death | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband — | |
| Father's Name Chas O. Brown | | Father's Birthplace T.A. Co | |
| Mother's Maiden Name Laura Chester | | Mother's Birthplace Centerville Md | |
| Name of person giving information Chas Henry Brown | | How related to deceased Brother | |
| CAUSES OF DEATH | | | |
| Primary Crushed Knee Joint | | How long 3 days | |
| Immediate Shock | | How long 3 days | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician Ms. Orkman M.D. | |
| Address Centerville | | Tacoma Anne Co | |
| Accident or Suicide? Accident - | | | |



Name
in
Full

Phillip Edward Cowman
Town *Stevensville,* County *Queen Anne's*

CERTIFICATE OF DEATH

MARYLAND

Died at *Stevensville,* Date of death *1906 Aug 21* Age *68* Months *—* Days *—*

Sex *male* Color or Race *White* Birth-place *Baltimore, Md.*

Occupation *Printer* Where Residing if not at place of death *Stevensville, Md.*

Married, Single or Widowed *Widowed* Name of Wife *Mary C. Laggett*

Father's Name *Richard Cowman* Father's Birthplace *Baltimore, Md.*

Mother's Maiden Name *Mary Ann Hubbington* Mother's Birthplace *Seaford, Del.*

Name of person giving information *R. R. Milliner* How related to deceased *none*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Chronic Gastritis* How long *104*

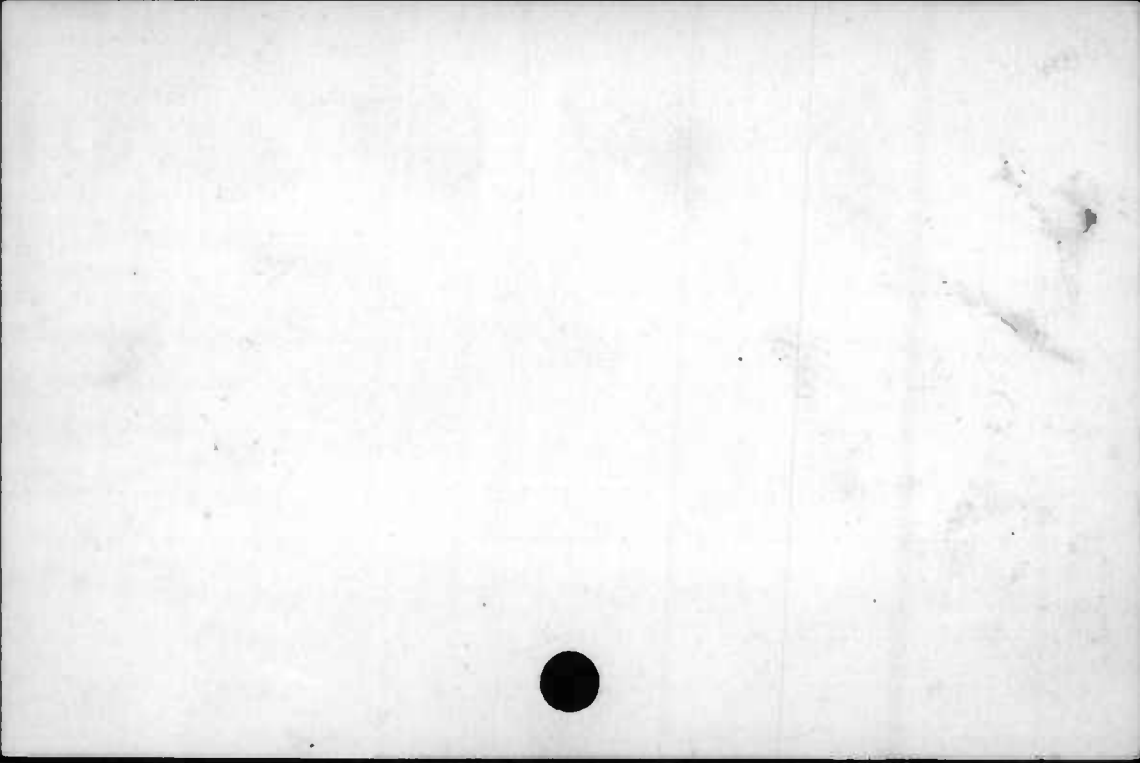
Immediate *Transition* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *C. Percy Kemp*

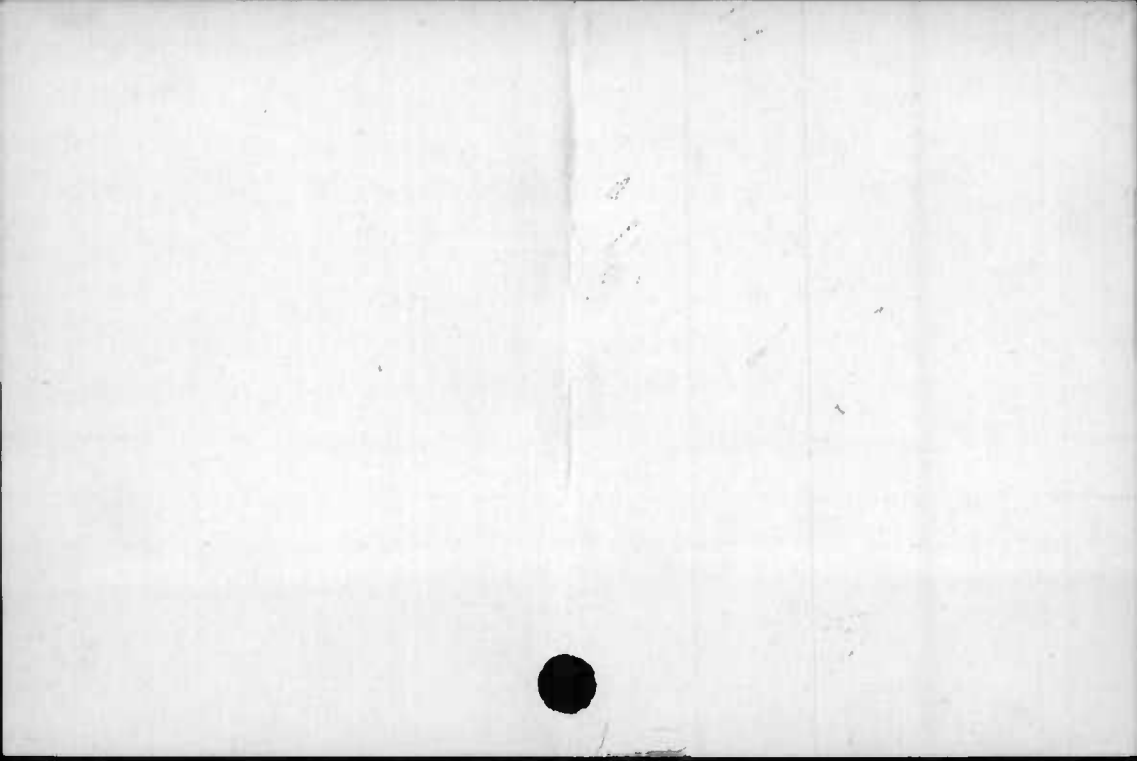
Address *Stevensville, Md.*

PHYSICIAN
OR CORONER

— Suicide?



| Name in Full | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|--|---------------------------------------------------------------------------------|--|---------------------------------------------------------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>near Price's</i> Town | | County <i>Queen Anne</i> | |
| | | Date of death <i>1906</i> Month <i>8</i> Day <i>31</i> | | Age Years <i>7</i> Months <i>7</i> Days <i>1</i> | |
| | | Sex <i>Male</i> | | Color or Race <i>White</i> | |
| | | Occupation <i>sewing</i> | | Where Residing if not at place of death <i>Place of death</i> | |
| | | Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | |
| | | Father's Name <i>James Davis</i> | | Father's Birthplace <i>—</i> | |
| | | Mother's Maiden Name <i>Sweeney</i> | | Mother's Birthplace <i>—</i> | |
| Name of person giving information | | How related to deceased | | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>Enterocolitis</i> | | How long <i>4 weeks</i> | |
| | | Immediate <i>Exhaustion</i> | | How long <i>1 day</i> | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Wm. H. H. H. H.</i> | |
| | | Address <i>Quantico Va</i> | | | |
| Accident or Suicide? <i>No</i> | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

Aphens Day Emerson

Town

County

MARYLAND

Died at

Crumpton

Dwight

Date

Month

Day

Years

Months

Days

of death

1906

Aug.

4

Age

44

2

24

Sex

male

Color or
Race

white

Birth-
place

Carline Co.

Occupation

Carpenter

Where Residing if not
at place of death

Crumpton

Married, Single
or Widowed

Married

Name of Wife or
Husband

Annie

P.

Emerson

Father's
Name

Samuel Emerson

Father's
Birthplace

Carline Co.

Mother's
Maiden Name

Sarah Jones

Mother's
Birthplace

Delaware

Name of person giving
Information

Annie Sparks

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Compression & Irritation of Brain

How long

Immediate

Paralysis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

T. F. Lane M.D.

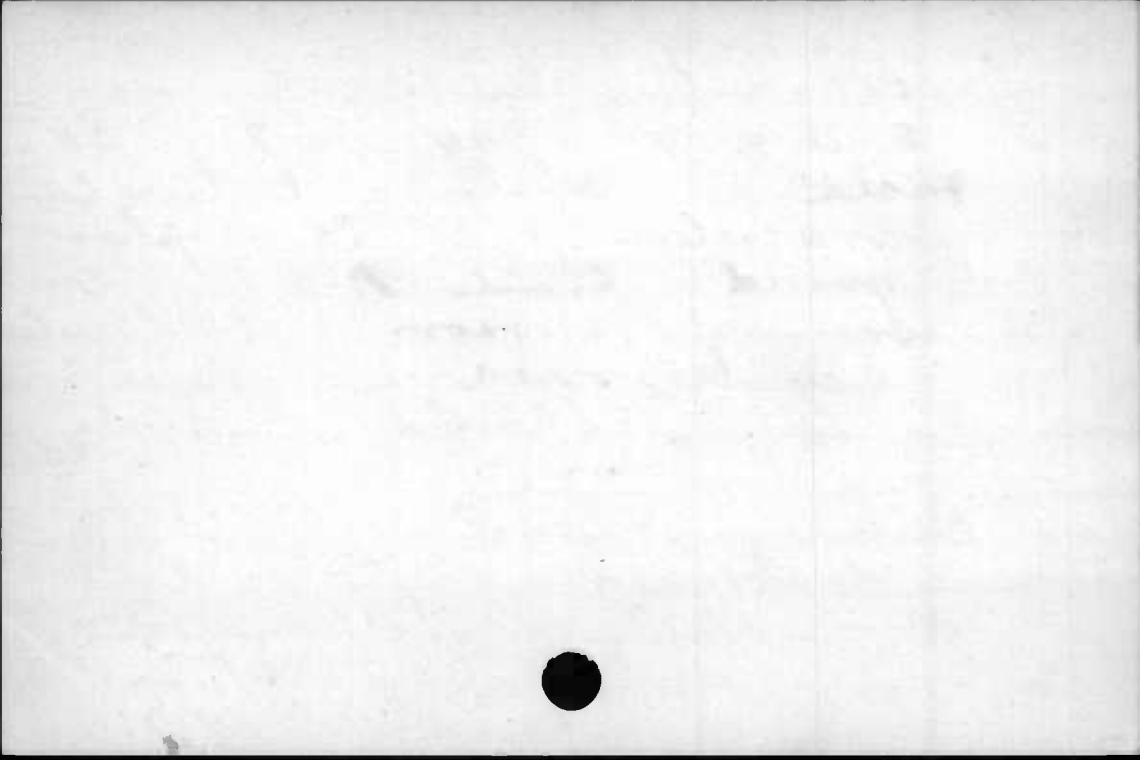
Address

Crumpton

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Annie Ellen Golt

CERTIFICATE OF DEATH

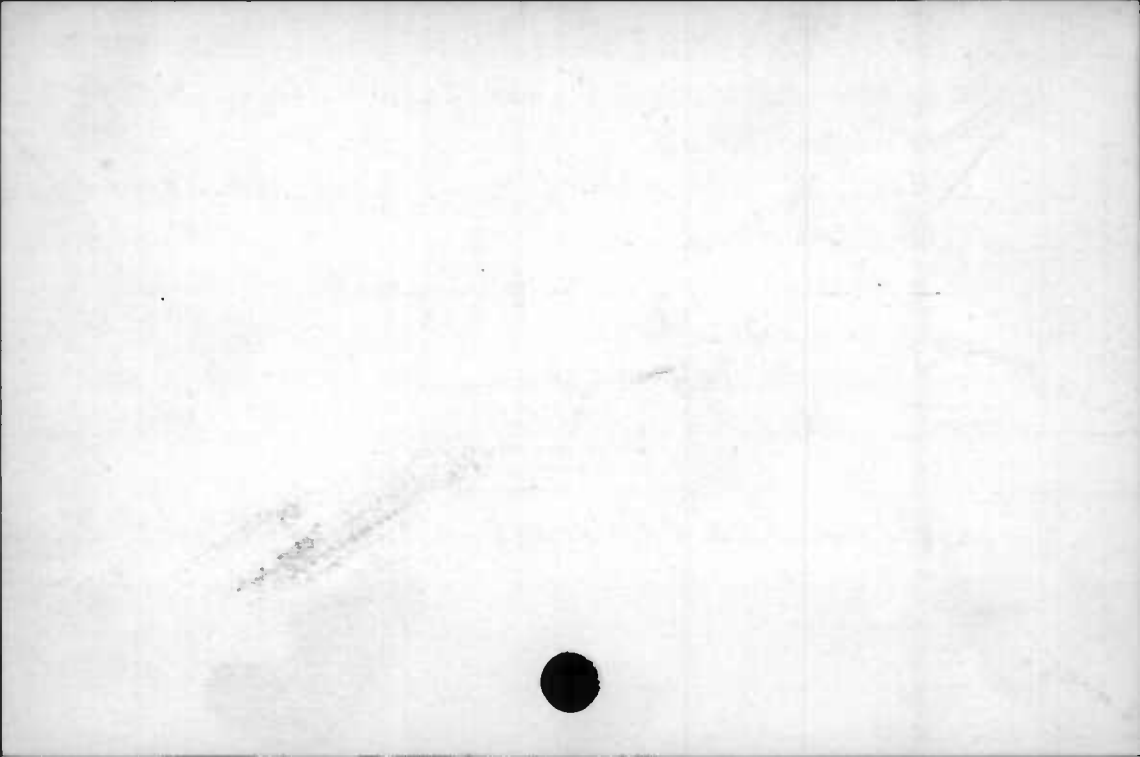
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------------------------|--------------------------------|-------------------------------------------------------|--|-----------------------------------------|--|
| Died at <u>Bethesda</u> ^{Town} | | <u>Green Anne</u> ^{County} | | MARYLAND | |
| Date of death <u>1906 Aug 5th</u> ^{Month Day} | | Age <u>26 yrs</u> ^{Years} | | Months <u> </u> Days <u> </u> | |
| Sex <u>Female</u> | Color or Race <u>Caucasian</u> | Birth-place <u>Green Anne Co</u> | | | |
| Occupation <u>Housework</u> | | Where Residing if not at place of death <u> </u> | | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u> </u> | | | |
| Father's Name <u>David Elijah Golt</u> | | Father's Birthplace <u>Green Anne Co.</u> | | | |
| Mother's Maiden Name <u>Mary Catherine Thompson</u> | | Mother's Birthplace <u>Frederick Co.</u> | | | |
| Name of person giving information <u>David Golt</u> | | How related to deceased <u>Father</u> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|----------------------------------------------------------------------|---------------------------------------------|
| Primary <u>Pulmonary Tuberculosis</u> | How long <u>1 Yrs</u> |
| Immediate <u>General Anemia</u> | How long <u>3 months</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>Dr. E. Snyder</u> |
| | Address <u>Stevensville Md</u> |
| Accident or Suicide? | <u>md</u> |



| Name in Full | | CERTIFICATE OF DEATH | | | |
|----------------------------------------------------------------------|--|-------------------------------------------|-----|----------------------|------------|
| Alexander Hall | | Town | | County | |
| Died at Mar Barclay | | Dunn Anne | | MARYLAND | |
| Date of death | | Month | Day | Years | Months |
| 1906 August 30 | | | | Age 68 | 2 2 1/2 |
| Sex Male | | Color or Race white | | Birth place Delaware | |
| Occupation Farmer | | Where Residing if not at place of death - | | | |
| Married, Single or Widowed Married | | Name of Wife or Husband Mary E. Hall | | | |
| Father's Name James B. Hall | | Father's Birthplace dont know | | | |
| Mother's Maiden Name Mary Cook | | Mother's Birthplace " " | | | |
| Name of person giving information Mary E. Hall | | How related to deceased wife | | | |
| CAUSES OF DEATH | | | | | |
| Primary | | Heart failure | | How long | 179 months |
| Immediate | | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | | |
| Physician or Coroner | | Signature of Physician J. R. Smith | | | |
| | | Address Simperville Md. | | | |
| Accident or Suicide? | | | | | |



Name
In Full

CERTIFICATE OF DEATH

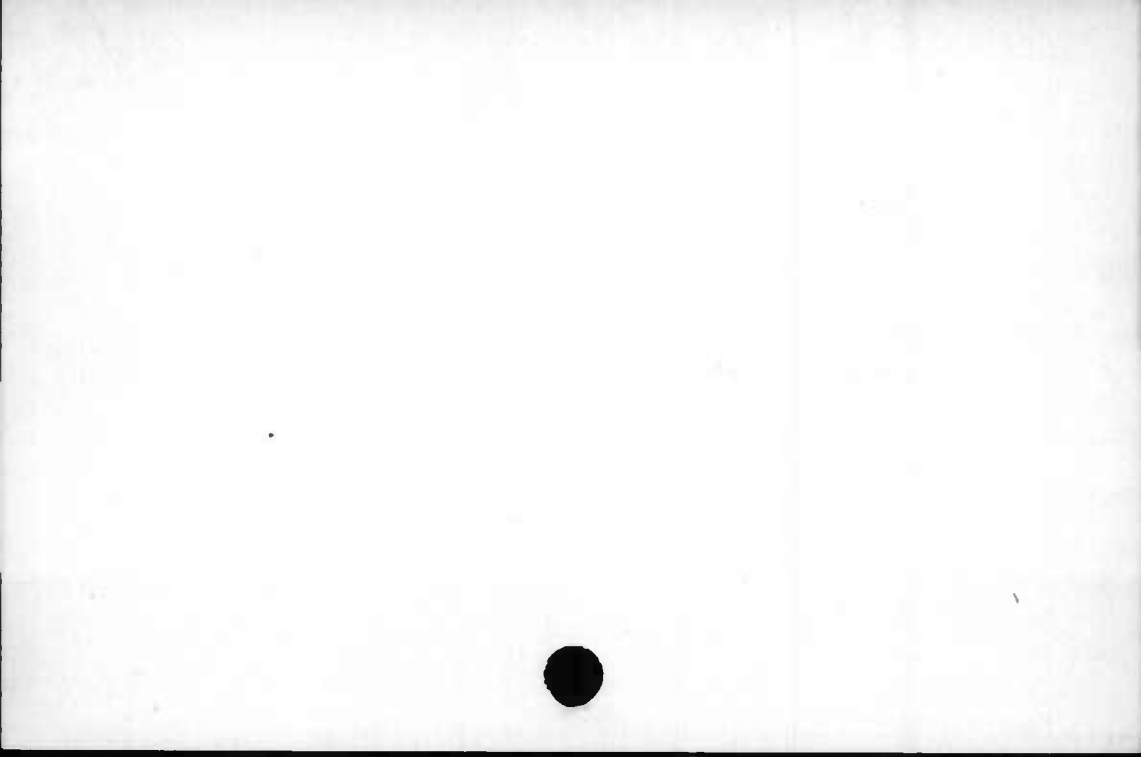
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|----------------------------------------------|------------------------------|----------------------------------|--------------------------------------------------|-----------------|---------------|
| Died at <i>Waverly</i> ^{Town} | | <i>L. a.</i> ^{County} | | MARYLAND | |
| Date of death <i>1906</i> | Month <i>8</i> | Day <i>18</i> | Age <i>6</i> | Months <i>1</i> | Days <i>5</i> |
| Sex <i>Female</i> | Color or Race <i>Colored</i> | | Birth-place <i>L. a. Co.</i> | | |
| Occupation <i>None</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>George A. Nays</i> | | | Father's Birthplace <i>—</i> | | |
| Mother's Maiden Name <i>Harriett J. Nays</i> | | | Mother's Birthplace <i>—</i> | | |
| Name of person giving information <i>—</i> | | | How related to deceased <i>—</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------|
| Primary <i>Premature Birth</i> | How long <i>151</i> |
| Immediate <i>Malnutrition</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Mary Baysen (nurse)</i> |
| | Address <i>Per last, Queenstown P.O. Md.</i> |
| Accident or Suicide? <i>no</i> | |



Name
in
Full

Viola, Heath,

CERTIFICATE OF DEATH

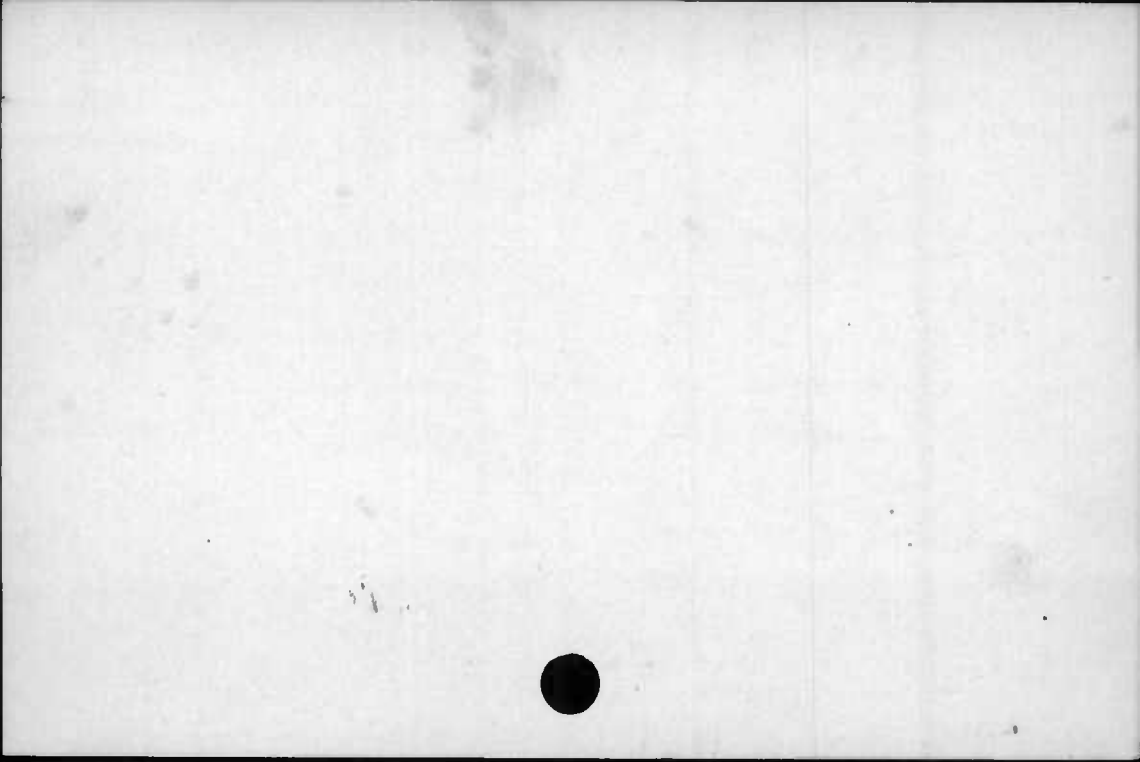
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|-------------------------|-----|-----------------------------------------|-------|-----------|------|
| Died at | | Munchler | | 2 a Co | | MARYLAND, | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1906 | | Aug | 8 | 2 | | 3 | |
| Sex | | Color or Race | | Birth-place | | | |
| Female | | black | | Munchler | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| | | | | 11 | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Single | | | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Chas H Heath | | 2 a Co | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Lizzie Griffin | | 2 a Co | | | | | |
| Name of person giving information | | How related to deceased | | | | | |
| Chas H Heath | | father | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|--------------|------------------------|--------------|
| Primary | Lea Griffin | How long | One year ago |
| Immediate | Intercurrent | How long | One year |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | Howard B. Hopkins | |
| | | Address | |
| | | Lancaster | |
| | | Md. | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

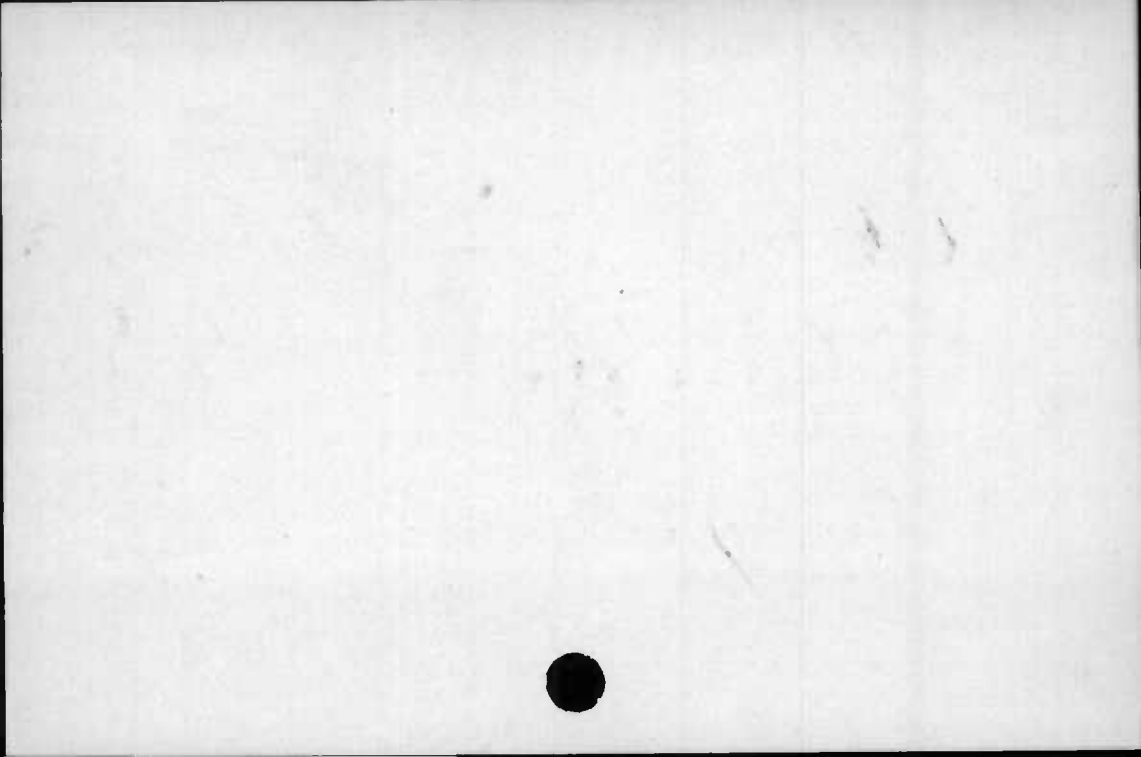
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---------------------------------------------------------|------------------------------------------------------------------|---------------------------------------|------------------------|---------------------|-----------------------|
| Died at <u>Hoydens</u> ^{Town} | | <u>Queen Anne's</u> ^{County} | | MARYLAND | |
| Date of death | 1906 | Month <u>May</u> | Day <u>28</u> | Age <u>22</u> Years | Months <u>10</u> Days |
| Sex <u>Male</u> | Color or Race <u>Black</u> | | Birth-place <u>Ind</u> | | |
| Occupation <u>Laborer</u> | Where Residing if not at place of death <u>At Place of death</u> | | | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband _____ | | | | |
| Father's Name <u>Alex. Hutchins</u> | Father's Birthplace <u>Ind</u> | | | | |
| Mother's Maiden Name <u>Susan G. Brooks</u> | Mother's Birthplace <u>Ind</u> | | | | |
| Name of person giving information <u>H. G. Hutchins</u> | How related to deceased <u>Brother</u> | | | | |

CAUSES OF DEATH

| | |
|---------------------------------------------------------------------------------|---------------------------------------------|
| Primary <u>Pulmonary Tuberculosis</u> | How long <u>3 months</u> |
| Immediate <u>Exhaustion</u> | How long <u>3 days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>H. G. Coppage</u> |
| | Address <u>Church Hill</u> |
| | <u>Ind</u> |
| Accident or Suicide? _____ | |

PHYSICIAN
OR CORONER



Name
in
Full

Charles Ireland

CERTIFICATE OF DEATH

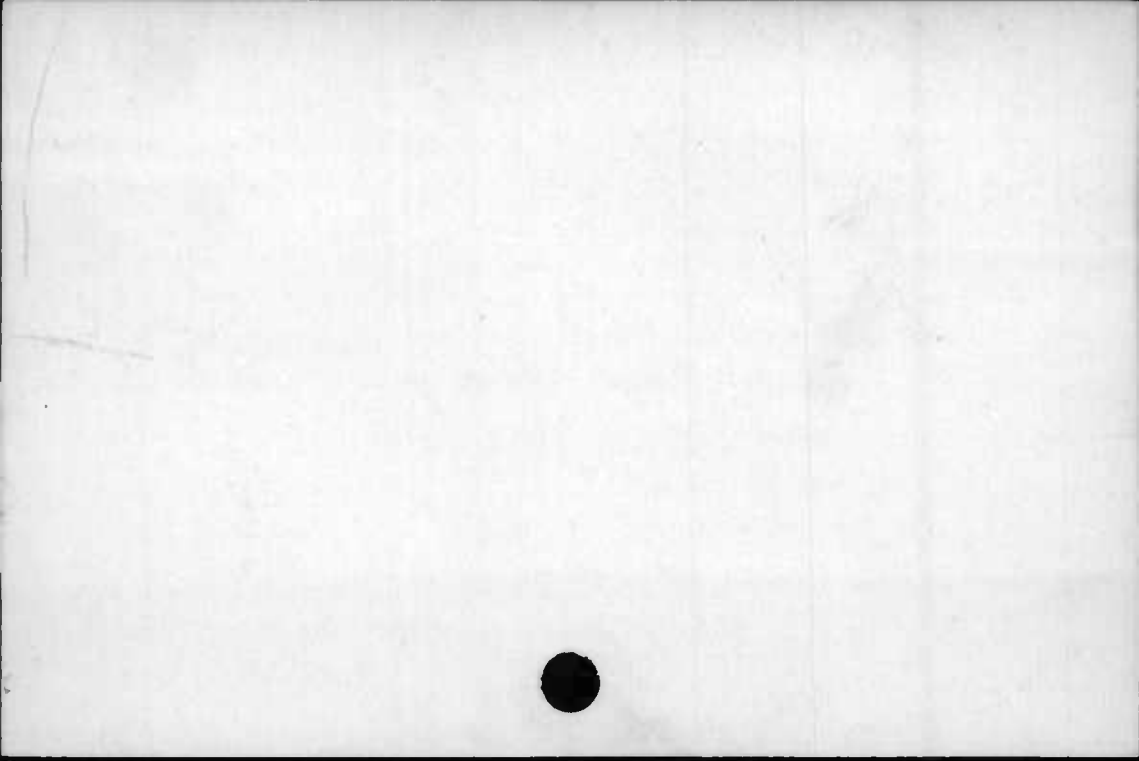
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-----|-------------------------|---|-----------------------------------------|---|--------------|----|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | 190 | Month | 8 | Day | 3 | Age | 25 |
| Sex | | male | | Color or Race | | white | |
| Occupation | | Sawyer | | Where Residing if not at place of death | | Baltimore | |
| Married, Single or Widowed | | Name of Wife or Husband | | Birthplace | | Tilman's Isl | |
| Father's Name | | James S. Ireland | | Father's Birthplace | | Talbot Co | |
| Mother's Maiden Name | | Sarah Foxantom | | Mother's Birthplace | | Caroline Co | |
| Name of person giving information | | Sarah Sewell | | How related to deceased | | Mother | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|----------------------------------------------------------------------|------------------------|------------------------|----|----|
| Primary | Pulmonary Tuberculosis | How long | 27 | yr |
| Immediate | Exhaustion | How long | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | |
| | | Address | | |
| | | Stevensville Md | | |
| Accident or Suicide? | | | | |



Name
in
Full

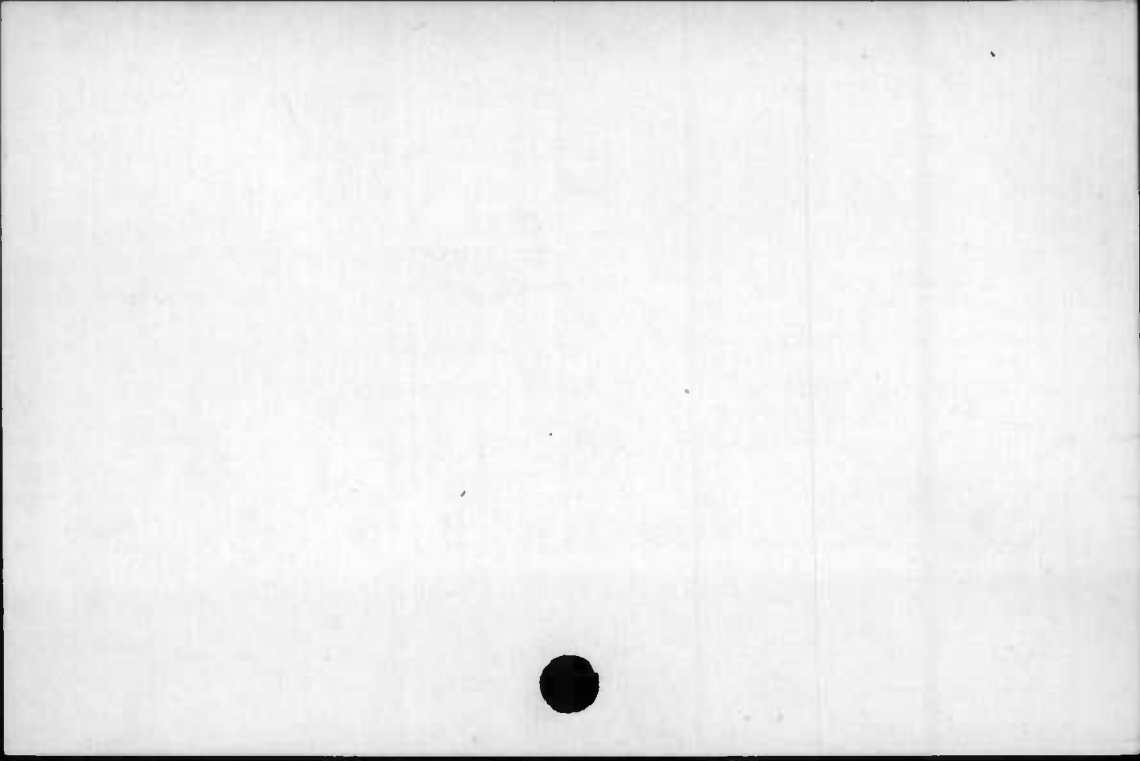
Kator Jacobo Jr

CERTIFICATE OF DEATH

| | | | | | |
|-------------------------------------------------------|-----------------------------------------|-----------------------------------------|---------------------------------|-----------------|----------------|
| Died at <u>Baltimore</u> <small>Town</small> | | <u>Queen Anne</u> <small>County</small> | | MARYLAND | |
| Date of death <u>1906</u> | Month <u>8</u> | Day <u>25</u> | Years | Months <u>1</u> | Days <u>14</u> |
| Sex <u>male</u> | Color or Race <u>Black</u> | | Birth-place <u>Baltimore</u> | | |
| Occupation <u>Nursery</u> | Where Residing If not at place of death | | Place of death <u>Baltimore</u> | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband | | | | |
| Father's Name <u>Kator Jacobo</u> | Father's Birthplace <u>Baltimore Md</u> | | | | |
| Mother's Maiden Name <u>Julie Kennedy</u> | Mother's Birthplace <u>2.A.les</u> | | | | |
| Name of person giving information <u>Kator Jacobo</u> | How related to deceased <u>Son</u> | | | | |

CAUSES OF DEATH

| | |
|---------------------------------------------------------------------------------|--------------------------------------------|
| Primary <u>Malaria</u> | How long <u>6 hours</u> |
| Immediate <u>Exhaustion</u> | How long <u>2 days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>Wm. H. H. H.</u> |
| | Address <u>Baltimore</u> |
| Accident or Suicide? <u>no</u> | <u>MD</u> |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Barday* TownCounty *2. A.*Date of death *1906*Month *8*Day *29*

Age

Years *73*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Ind.*

Occupation

*Merchant*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*May E. Johnson*Father's
Name*Andrew Johnson*Father's
Birthplace*Ind.*Mother's
Maiden Name*Mizie Hall*Mother's
Birthplace*Ind.*Name of person giving
Information*F. A. Johnson*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Paralysis *(66)*

How long

2 or 3 minutes

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. E. Graham*

Address



Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

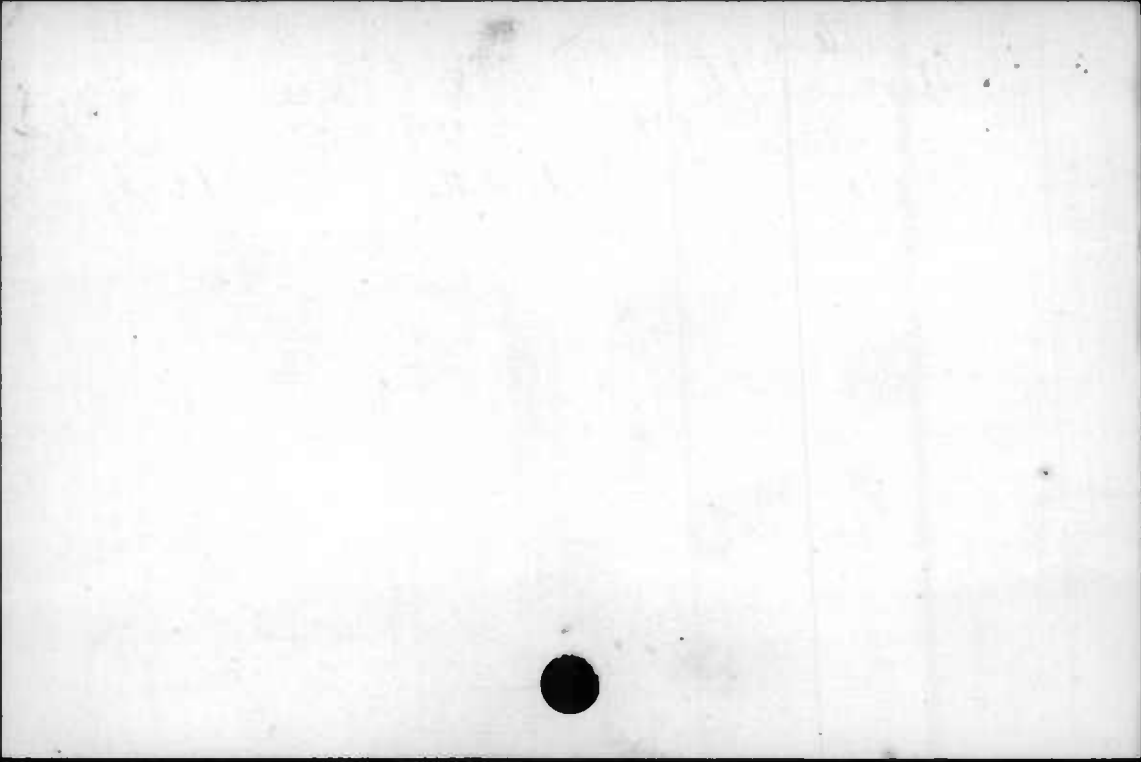
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---------------------------------------------|-------------------|-------------------------------------|-----------------------------------------|------------------------------------|-----------------------------|
| Died at <i>Stevensville</i> ^{Town} | | <i>Queen Anne</i> ^{County} | | MARYLAND | |
| Date of death | <i>1906</i> | <i>Aug</i> ^{Month} | <i>14</i> ^{Day} | <i>49</i> ^{Years} | <i>13</i> ^{Months} |
| Sex | <i>Male</i> | Color or Race | <i>1 Black</i> | Birth-place | <i>Salvator Co.</i> |
| Occupation | <i>Laborer</i> | | Where Residing if not at place of death | | |
| Married, Single or Widowed | <i>Married</i> | Name of Wife or Husband | <i>Mandy Kain</i> | | |
| Father's Name | | | | Father's Birthplace | |
| Mother's Maiden Name | | | | Mother's Birthplace | |
| Name of person giving information | <i>David Kain</i> | | | How related to deceased <i>Son</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|-------------------------------------------------|----------|------------------|
| Primary | <i>Apoplexy</i> | How long | <i>24 hours.</i> |
| Immediate | <i>Hemiplegia</i> | How long | <i>3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>D. Cho. E. Snyder</i> | | |
| | Address <i>Stevensville Md.</i> | | |
| Accident or Suicide? | | | |



Name
in
Full

Emma B Kyler

CERTIFICATE OF DEATH

Died at ^{Town} New Church Hill ^{County} La Co

MARYLAND

Date of death 1906 ^{Month} May ^{Day} 6 ^{Age} 1 ^{Years} 4 ^{Months} ^{Days}

Sex female Color or Race Colorado Birth-place La Co Md

Occupation Infant- Where Residing if not at place of death Home

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Chas H Kyler Father's Birthplace Md

Mother's Maiden Name Sarah Bell Mother's Birthplace Md

Name of person giving information Chas N Kyler How related to deceased Father

CAUSES OF DEATH

Primary Ileo-Colitis

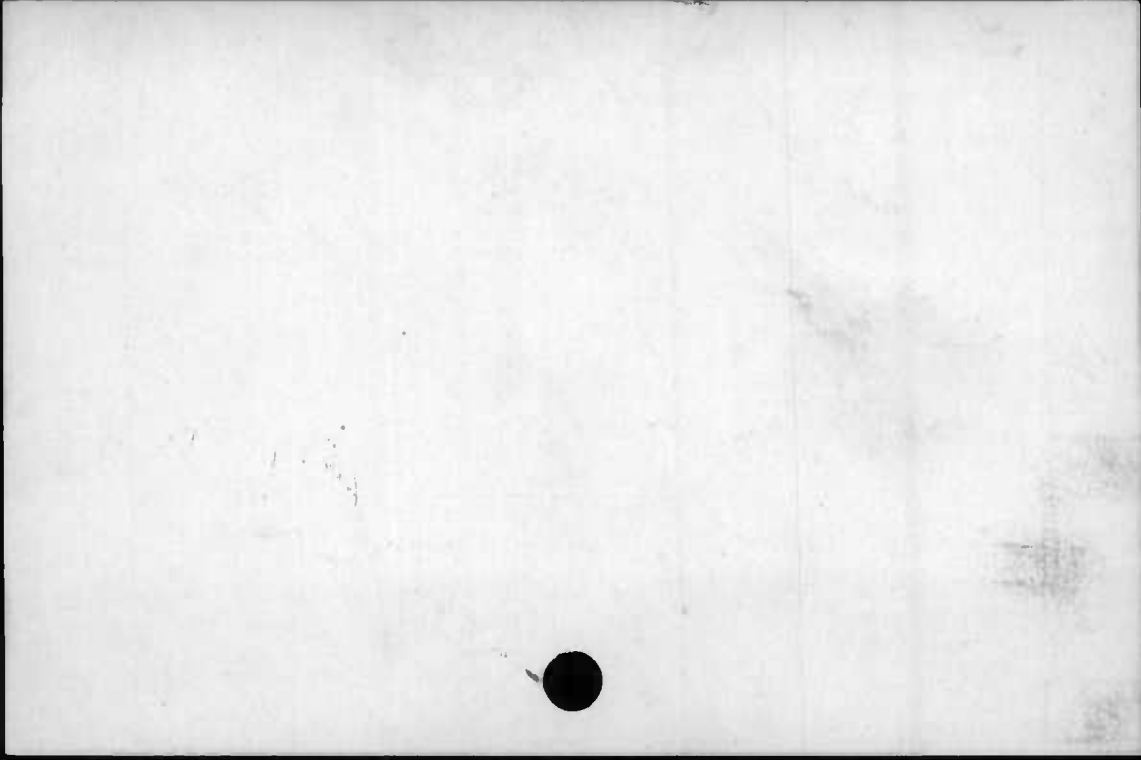
Immediate Immaturity

Are the name, age, sex, color, date and place correctly given above? Yes

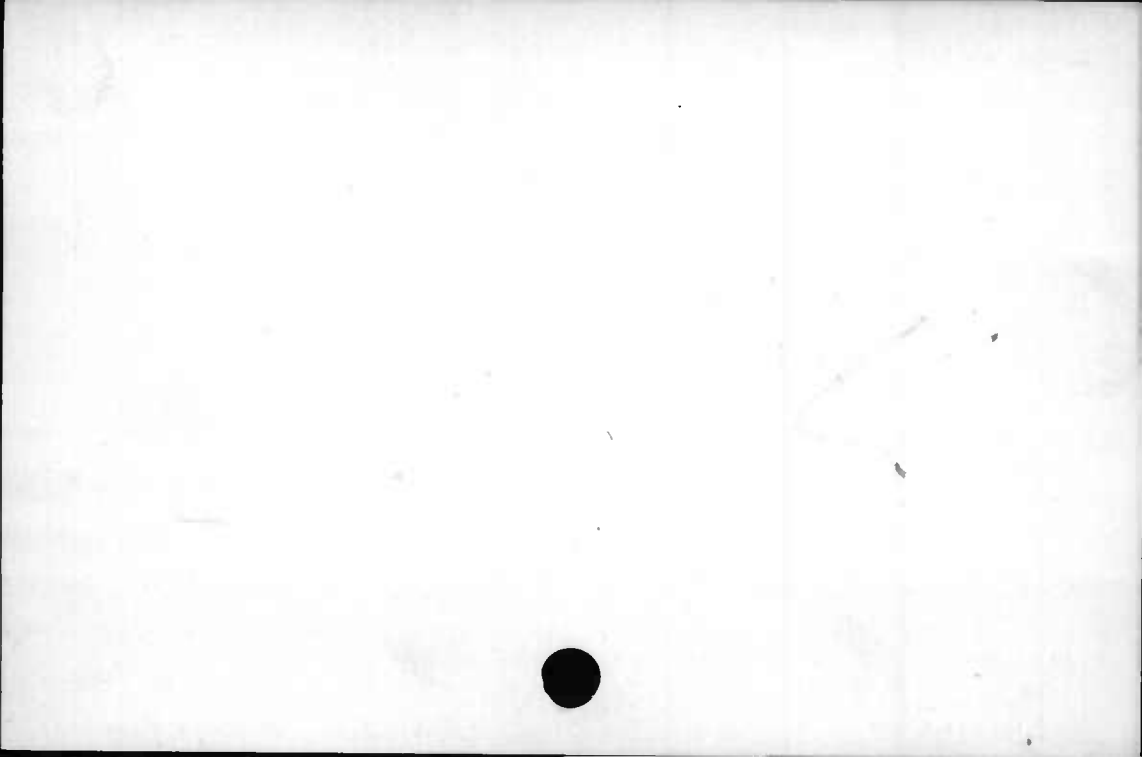
Signature of Physician J. G. Capps

Address Church Hill

Accident or Suicide?



| | | | | | | | |
|----------------------------------------------------------------------|--|----------------------------|-------|-----------------------------------------|-----|-------------------------|--------|
| Name in Full | | Mary Emma Landen | | | | CERTIFICATE OF DEATH | |
| | | Town | | County | | MARYLAND | |
| Died at | | near Rolphs Pt. Anne Arund | | | | | |
| Date of death | | 1904 | Month | Aug | Day | 21 | Age |
| | | | | | | Years | Months |
| | | | | | | Days | |
| Sex | | Female | | Color or Race | | Black | |
| Occupation | | Babe | | Birth-place | | Md | |
| | | | | Where Residing if not at place of death | | at place of death | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | | |
| Father's Name | | Wesley Landen | | | | Father's Birthplace | |
| | | | | | | Md | |
| Mother's Maiden Name | | Ella Leamy | | | | Mother's Birthplace | |
| | | | | | | Md | |
| Name of person giving information | | Wesley Landen | | | | How related to deceased | |
| | | | | | | Father | |
| | | CAUSES OF DEATH | | | | Stomach trouble | |
| Primary | | Sommer Complaint | | | | How long | |
| | | | | | | 2 days | |
| Immediate | | Exhaustion | | | | How long | |
| | | | | | | 2 days | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | | | Signature of Physician | |
| | | | | | | didn't have any | |
| | | | | | | Address | |
| | | | | | | C. E. Smith Comm | |
| Accident or Suicide? | | No | | | | Church Hill Md Register | |



Name
in
Full

CERTIFICATE OF DEATH

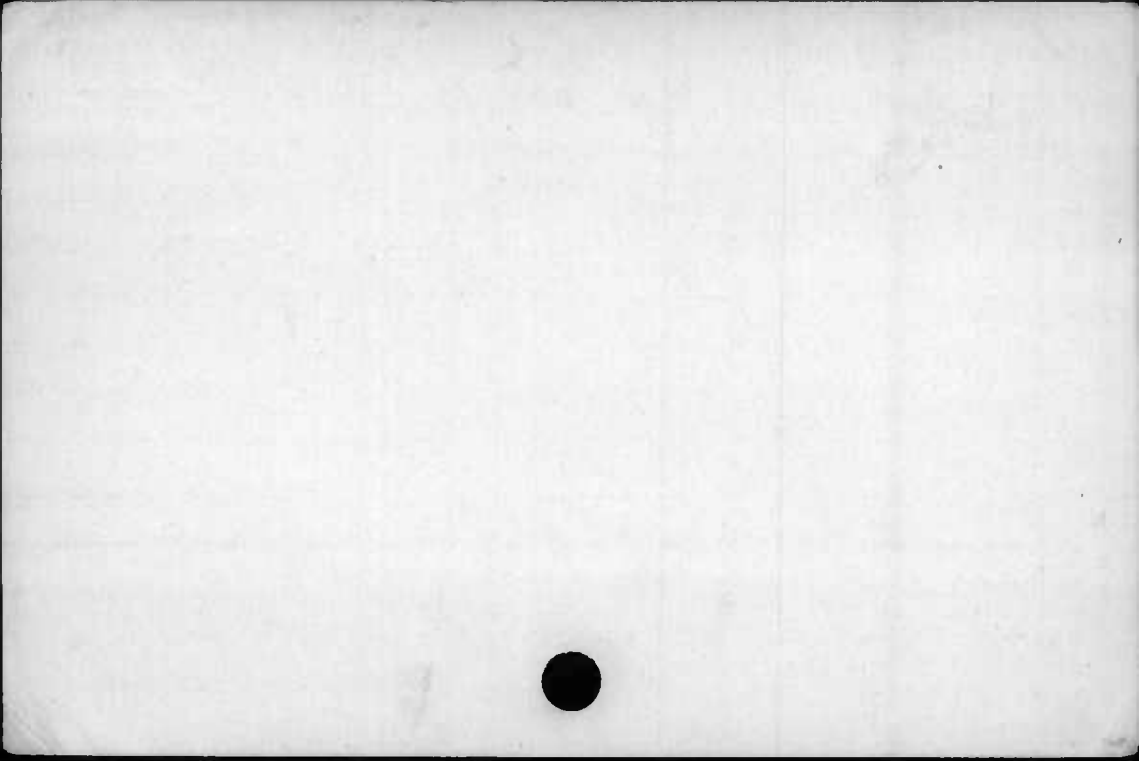
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------------------------|--|--------------------------------------------------|--|----------------------------------|--|--------------------------|--|
| Name in Full <i>Mary Elizabeth Lewis</i> | | Town <i>Stevensville</i> | | County <i>Dunn</i> | | State <i>MARYLAND</i> | |
| Died at <i>Stevensville</i> | | Month <i>Aug</i> | | Day <i>3</i> | | Age <i>68</i> | |
| Date of death <i>1906 Aug 3</i> | | Months <i>6</i> | | Years <i>27</i> | | Days <i>27</i> | |
| Sex <i>Female</i> | | Color or Race <i>white</i> | | Birthplace <i>Kent Island</i> | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>widon</i> | | Name of Wife or Husband <i>Jacob H. Lewis</i> | | | | | |
| Father's Name <i>Berry Legg</i> | | Father's Birthplace <i>Kent I.</i> | | | | | |
| Mother's Maiden Name <i>Mary E. Legg</i> | | Mother's Birthplace <i>" "</i> | | | | | |
| Name of person giving information <i>J. F. Lewis</i> | | How related to deceased <i>son</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|------------------------------------------------------------------------------------|-----------------------------------------------|
| Primary <i>Intestinal Tuberculosis</i> | How long <i>9 mos.</i> |
| Immediate <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Wm. G. Henry</i> |
| | Address <i>Stevensville Md</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|---------------------------------------------------------------|-----------------------------------------|---------------|-------------------------------------|
| Died at <i>Mar Barclay</i> Town <i>Prince George's</i> County | | MARYLAND | |
| Date of death | 1906 | Month 8 | Day 1 |
| Sex | Male | Color or Race | White |
| Occupation | Where Residing if not at place of death | | |
| Maiden, Single or Widowed | Name of Wife or Husband | | |
| Father's Name | <i>Wm Lynch</i> | | Father's Birthplace |
| Mother's Maiden Name | | | Mother's Birthplace |
| Name of person giving information | <i>Robert M. Ginnus</i> | | How related to deceased <i>none</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|----------------------|------------------------|----------------------|
| Primary | <i>Enterocolitis</i> | How long | <i>105</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>J. R. Smith</i> |
| | | Address | <i>Hamphville Md</i> |
| Accident or Suicide? | | | |



Name

in
Full

Octavia Griffith Herrick

CERTIFICATE OF DEATH

MARYLAND

Died at *Englewood* Town*L. A.* CountyDate
of death *1906*Month
*8*Day
5

Age

Years

Months
*4*Days
5

Sex

*Female*Color or
Race*White*Birth-
place*Ind.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*L. P. Herrick*Father's
Birthplace*Ind.*Mother's
Maiden Name*O. Octavia Griffith*Mother's
Birthplace*Ind.*Name of person giving
In formation*L. P. Herrick*How related
to deceased*Father*

CAUSES OF DEATH

Primary

How long

Immediate

How long

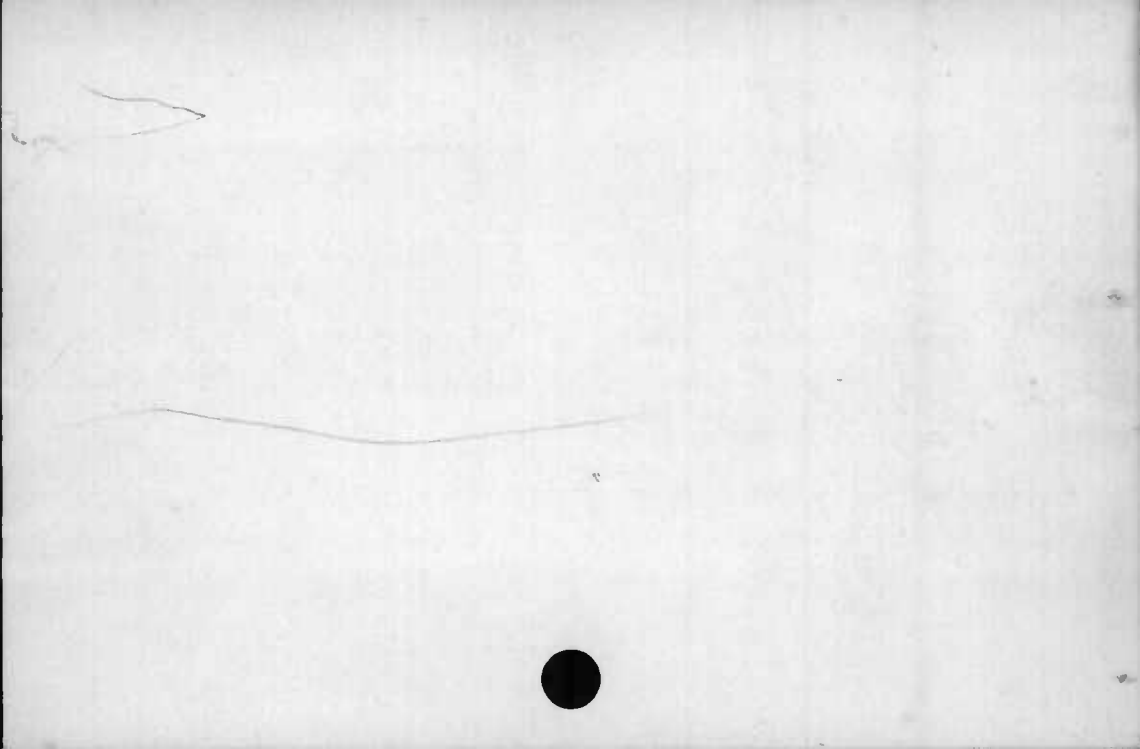
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address



Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER*105**Cholera Infantum**about 2 weeks**James B. Graham**Englewood, Ind.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|------------------------------------------------------------|--|-------------------------------------|--|-----------------------------------------------------|--|--------------------------|--|
| Name in Full Samuel G. Miller | | Town Winchester | | County Latah | | STATE MARYLAND | |
| Died at Winchester | | Date of death 1906 | | Age 22 | | Months — | |
| Month Aug | | Day 7 | | Years 22 | | Days — | |
| Sex Male | | Color or Race White | | Birth-place L.A. Co. | | | |
| Occupation Retired | | | | Where Residing If not at place of death — | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband — | | | | | |
| Father's Name Geo. W. Miller | | | | Father's Birthplace Balt City | | | |
| Mother's Maiden Name Mary R. Evans | | | | Mother's Birthplace L.A. Co. | | | |
| Name of person giving information Geo. W. Miller | | | | How related to deceased Brother | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|------------------------------------------------------------------------------------|----------------------------------------------------|
| Primary Epilepsy | How long 20 years |
| Immediate Exhaustion from convulsions | How long few hours |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician Howard B. Hopkins |
| | Address Lewinstown, Md. |
| Accident or Suicide? | |



Name
in
Full

Ed. F. Bentley

CERTIFICATE OF DEATH

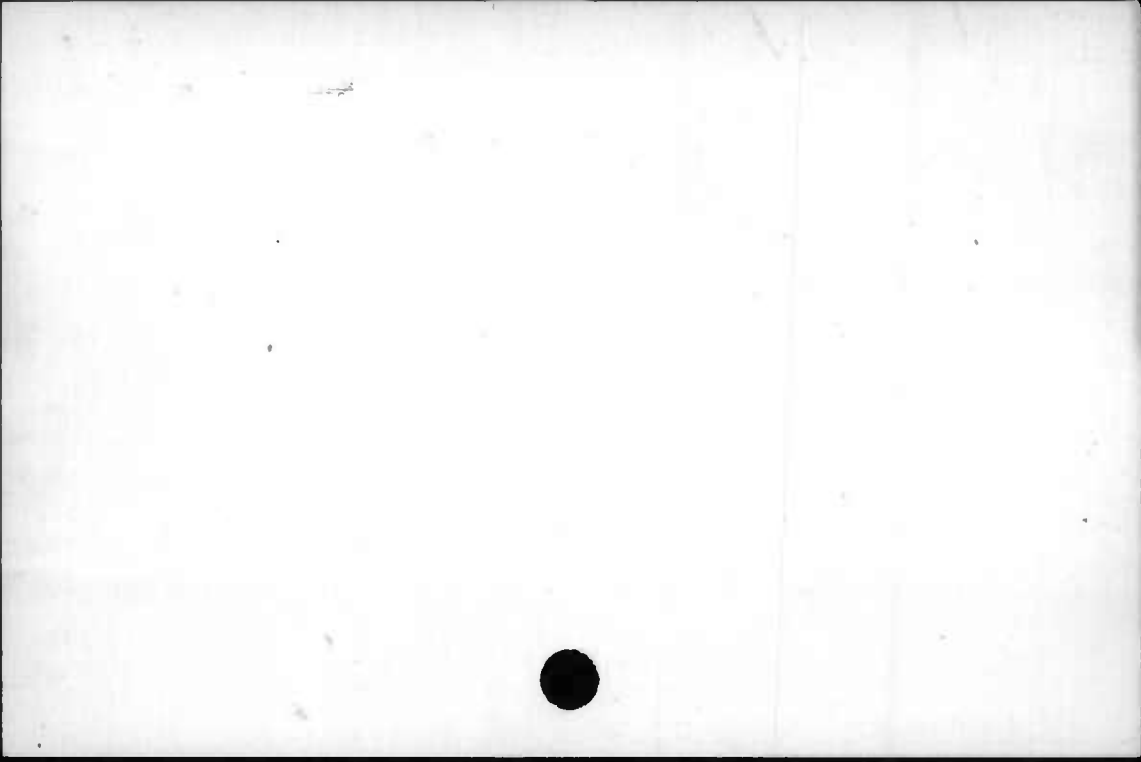
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------|----------------------------|----------|------|
| Died at <u>Winchester</u> ^{Town} | | <u>2</u> ^{County} <u>Worcester</u> | | MARYLAND | |
| Date of death <u>1906</u> | Month <u>Aug</u> | Day <u>22</u> | Age <u>56</u> | Months | Days |
| Sex <u>Male</u> | Color or Race <u>White</u> | | Birth-place <u>Unknown</u> | | |
| Occupation <u>Painter</u> | Where Residing if not at place of death <u>Winchester</u> | | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife <u>Sarah A.</u> | | | | |
| Father's Name <u>Unknown</u> | Father's Birthplace <u>Unknown</u> | | | | |
| Mother's Maiden Name <u>"</u> | Mother's Birthplace <u>"</u> | | | | |
| Name of person giving information <u>James, Bentley</u> | How related to deceased <u>Son</u> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|------------------------------------------------------------------------------------|--------------------------------------------|
| Primary <u>Complication of Disease</u> | How long <u>8 or 10 weeks</u> |
| Immediate <u>Heart Failure</u> | How long |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Wm. G. Henry</u> |
| Accident or Suicide? <u>No</u> | Address <u>Stevensville Md</u> |



Name
in
Full

William Poor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------------------|----------------------------------|-----------------------------------------|-----------------------------------------|---------------------------------|-----------------------------|
| Died at <i>Millington</i> <small>Town</small> | | <i>Queen Anne</i> <small>County</small> | | MARYLAND | |
| Date of death | <i>1906</i> <small>Month</small> | <i>Aug</i> <small>Day</small> | <i>29</i> <small>Years</small> | <i>50</i> <small>Months</small> | <i></i> <small>Days</small> |
| Sex | <i>Male</i> | | Color or Race | <i>White</i> | |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | <i>Single</i> | | Name of Wife or Husband | | |
| Father's Name | <i>William Poor</i> | | | Father's Birthplace | |
| Mother's Maiden Name | | | | Mother's Birthplace | |
| Name of person giving information | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|---------------------|--------------------------|-----------|
| Primary | <i>Tuberculosis</i> | How long | <i>21</i> |
| Immediate | <i>Exhaustion</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>Yes</i> | | <i>B. O. Gorman M.D.</i> | |
| | | Address | |
| | | <i>Millington Md.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

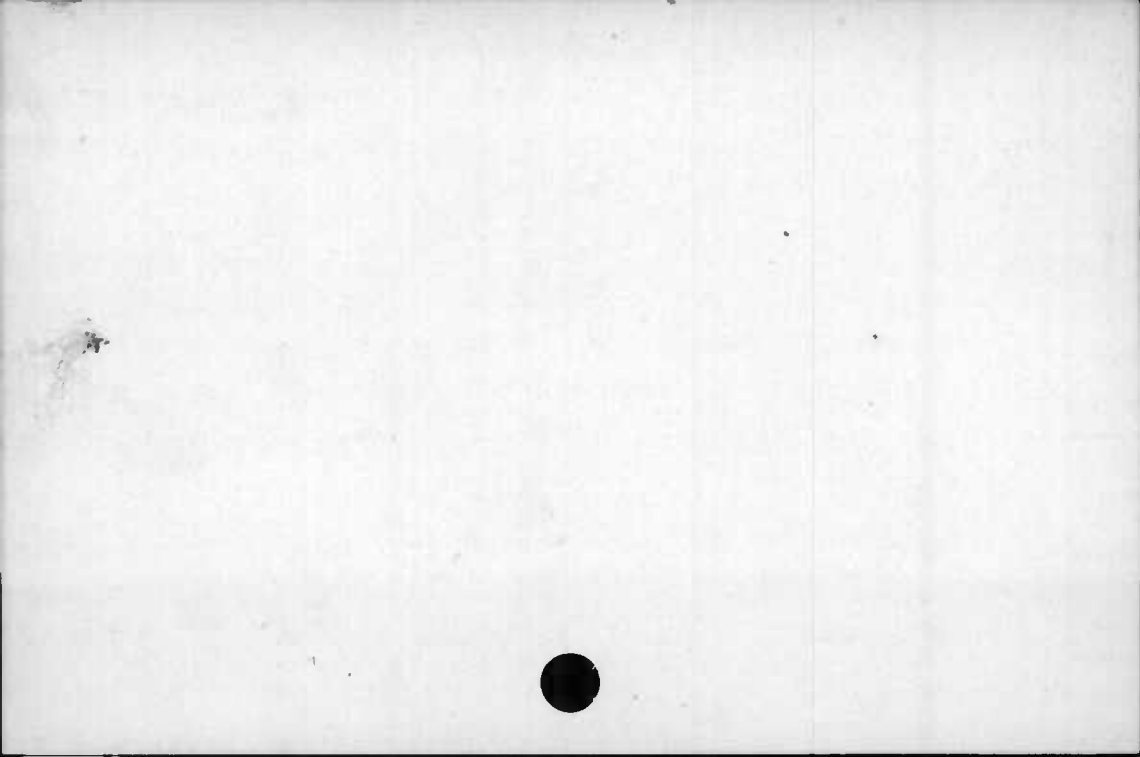
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------------------------------|----------------------------|--------------------------------|-----------------------------------------|----------|--------------------------------|
| Died at <i>Ingleside</i> ^{Town} | | <i>S. A.</i> ^{County} | | MARYLAND | |
| Date of death <i>1906</i> | Month <i>8</i> | Day <i>14</i> | Age | Years | Months <i>1</i> Days <i>16</i> |
| Sex <i>male</i> | Color or Race <i>Black</i> | | Birth-place <i>Id</i> | | |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name <i>Samuel P. Rochester</i> | | | Father's Birthplace <i>Id</i> | | |
| Mother's Maiden Name <i>Susie A. Taylor</i> | | | Mother's Birthplace <i>Id</i> | | |
| Name of person giving information <i>Samuel P. Rochester</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|---------------------------------|------------------------------------------------------|-------------------|
| Primary | <i>Parasitosis</i> (151) | How long | <i>From birth</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>Dr. Elvabary</i> <i>30</i> | |
| | | Address <i>Ingleside Id.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Mary Jane Scott

CERTIFICATE OF DEATH

Died at *Greeningtown*

Town

Queen Anne's

County

MARYLAND

Date

of death

1906

Month

Aug

Day

16

Age

Years

40

Months

Days

Sex

*Female*Color or
Race*Black*Birth-
place*Ind*

Occupation

*Housework*Where Residing if not
at place of death*At Place of death*Married, Single
or Widowed*Married*Name of Wife or
Husband*Ally Scott*Father's
Name*Samuel Richardson*Father's
Birthplace*Ind*Mother's
Maiden Name*Unknown*Mother's
BirthplaceName of person giving
Information*Ally Scott*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Paralysis

How long

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. L. Cabbage*

Address

*Church Hill**Ind*

Accident or Suicide?

*This woman was
found dead on the road side.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Bertha Virginia Starnes

CERTIFICATE OF DEATH

MARYLAND

Died at *Newbury* Town*Salco* County

Date

of death

1906

Month

Aug

Day

19

Age

Years

1

Months

Days

2

Sex

*Female*Color or
Race*White*Birth-
place*Maryland*

Occupation

*Domestic*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*_____*Father's
Name*J. R. Starnes*Father's
Birthplace*Maryland*Mother's
Maiden Name*Bertha Graham*Mother's
Birthplace*Maryland*Name of person giving
Information*Rochey Starnes*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Alep Colitis

Immediate

*Exhaustion*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*H. G. Croppage
Church Hill
Md*

How long

3 weeks

How long

*2 days.*PHYSICIAN
OR CORONER~~Accident or Suicide~~



Name
in
Full

William Parker Slaughter

CERTIFICATE OF DEATH

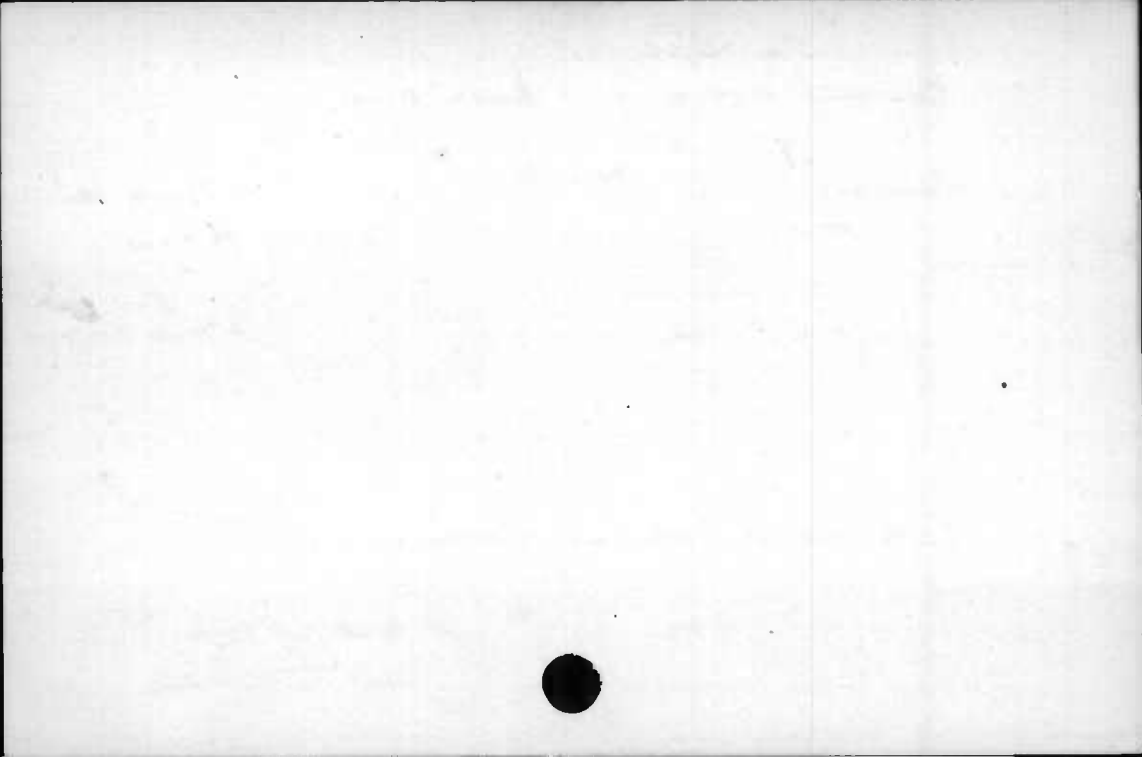
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------------|---------------------------------------------|---------------------------------------|-------|-----------------------------------------|-----------------|
| Died at <u>Centreville</u> ^{Town} | | <u>Jarrett arms</u> ^{County} | | MARYLAND | |
| Date of death | 1906 | Aug | 3 | Age | 11 |
| Sex | Male | Color or Race | White | Birthplace | Centreville |
| Occupation | | | | Where Residing if not at place of death | Centreville |
| Married, Single or Widowed | <input checked="" type="checkbox"/> Married | | | | |
| Father's Name | James A Slaughter | | | Father's Birthplace | Delaware |
| Mother's Maiden Name | Blanche P. Hill | | | Mother's Birthplace | Washington D.C. |
| Name of person giving information | Blanche P Slaughter | | | How related to deceased | Mother |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|-----------------|------------------------|---------------------|
| Primary | Entero-calculis | How long | 2 weeks |
| Immediate | Exhaustion | How long | 1 day |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician | J. Morrison M.D. |
| | | Address | Buckner Rd 29.60 |
| Accident or Suicide? | no | | |



Name
in
Full

Hennetta Sparks

CERTIFICATE OF DEATH

Town

County

Died at County Home

Queen Ann

MARYLAND

Date of death 1906 Aug

Month

Day

28

Years

Age

76

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

2 A 6. m

Occupation

none

Where Residing if not
at place of death

County Home

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

"

"

Mother's
Birthplace

—

Name of person giving
In formationHow related
to deceased

✓

CAUSES OF DEATH

Primary

Old age & Natural decay

How long

—

Immediate

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

L. A. H. Fox

Address

Leontine
transferred after Permit
buried at Millington

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Robert Story

CERTIFICATE OF DEATH

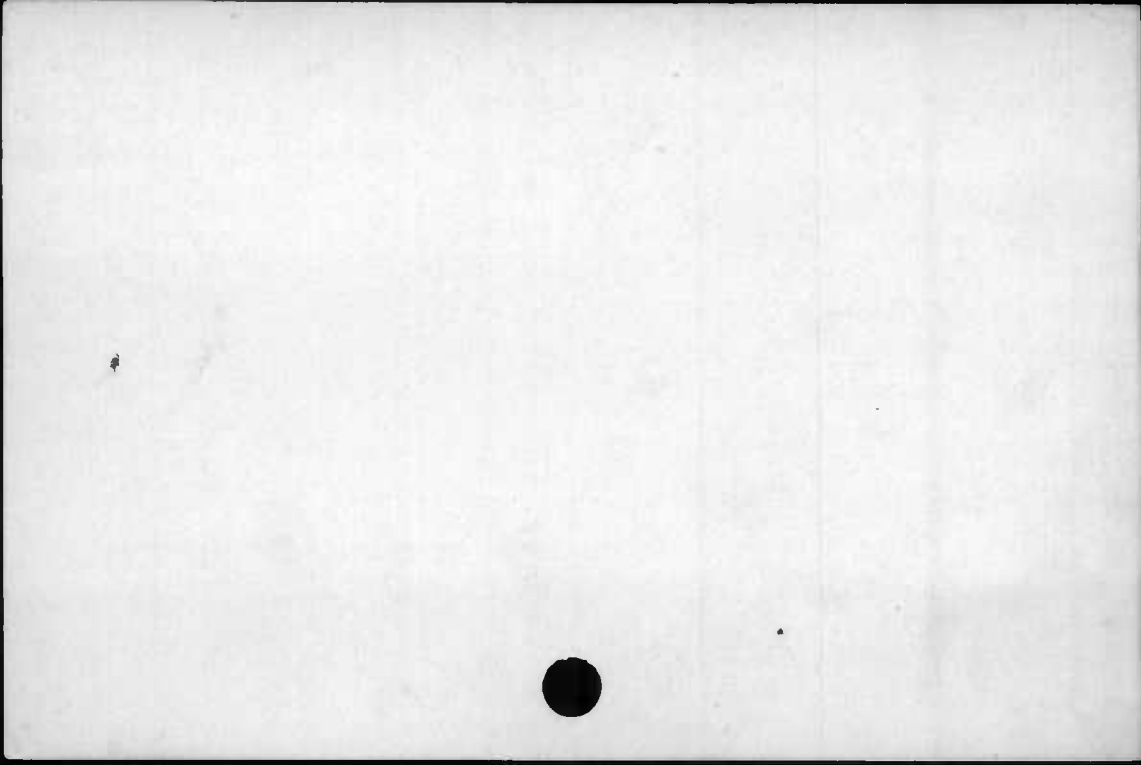
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------------|-----------------------------------------------------------------|-------------------------------------|-----------------------------------------|-----------------------------|--------------------------|
| Died at <i>Near Millington</i> ^{Town} | | <i>Queen Anne</i> ^{County} | | MARYLAND | |
| Date of death | <i>1906</i> ^{Month} <i>Aug</i> ^{Day} <i>1</i> | Age | <i>0</i> ^{Years} | <i>10</i> ^{Months} | <i>0</i> ^{Days} |
| Sex | <i>Male</i> | Color or Race | <i>White</i> | Birth-place | <i>Queen Anne Co</i> |
| Occupation | <i>infant</i> | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name | <i>Tilden E. Story</i> | | | Father's Birthplace | <i>Baltimore</i> |
| Mother's Maiden Name | <i>Maggie Fogar</i> | | | Mother's Birthplace | <i>Queen Anne Co</i> |
| Name of person giving information | <i>Tilden E. Story</i> | | | How related to deceased | <i>Father</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|-------------------------|------------------------|--------------------------|
| Primary | <i>Cholera infantum</i> | How long | <i>1 week</i> |
| Immediate | <i>Cholera infantum</i> | How long | <i>1 week</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>Dr. Benge Simmons</i> |
| | | Address | <i>Chester town</i> |
| Accident or Suicide? | <i>no</i> | | <i>md</i> |



Name
in
Full

Rouse Story

CERTIFICATE OF DEATH

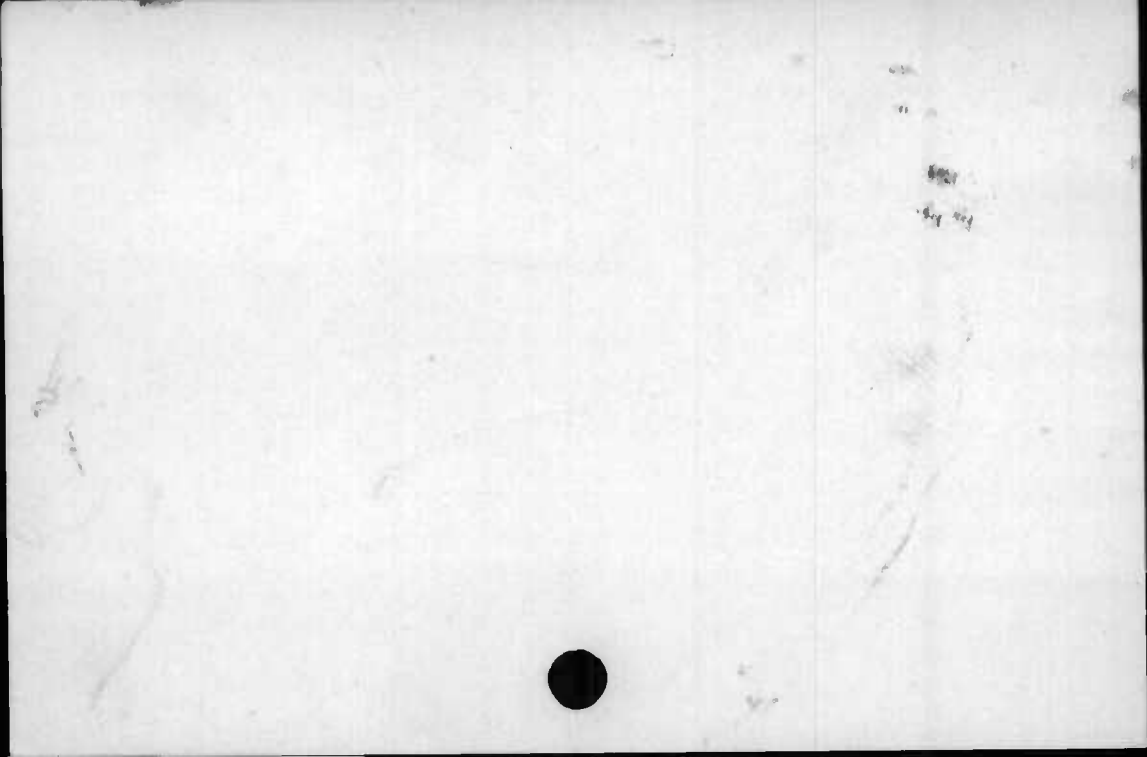
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|----------------------------------------------|-------------------------|-----------------------------------------|-------------------------|----------------------|----|
| Died at <i>Near Crumpton</i> ^{Town} | | <i>Queen Anne</i> ^{County} | | MARYLAND | |
| Date of death | 1906 | Month | Aug | Day | 27 |
| Sex | Male | Color or Race | White | Age | — |
| Occupation | Infant | Where Residing if not at place of death | <i>Near Crumpton</i> | | |
| Married, Single or Widowed | Name of Wife or Husband | | — | | |
| Father's Name | <i>Filden Story</i> | | Father's Birthplace | <i>Balto Md</i> | |
| Mother's Maiden Name | <i>Maggie Logan</i> | | Mother's Birthplace | <i>Queen Anne Co</i> | |
| Name of person giving information | <i>Filden Story</i> | | How related to deceased | <i>Father</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|-------------------------|------------------------|-------------------------|
| Primary | <i>Tuberc Meningeal</i> | How long | <i>all life</i> |
| Immediate | <i>Transition</i> | How long | <i>3 months</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i> | Signature of Physician | <i>H. Bange Simmons</i> |
| | | Address | <i>Chesb. town Md</i> |
| Accident or Suicide? | <i>no</i> | | |



Name
In
Full

CERTIFICATE OF DEATH

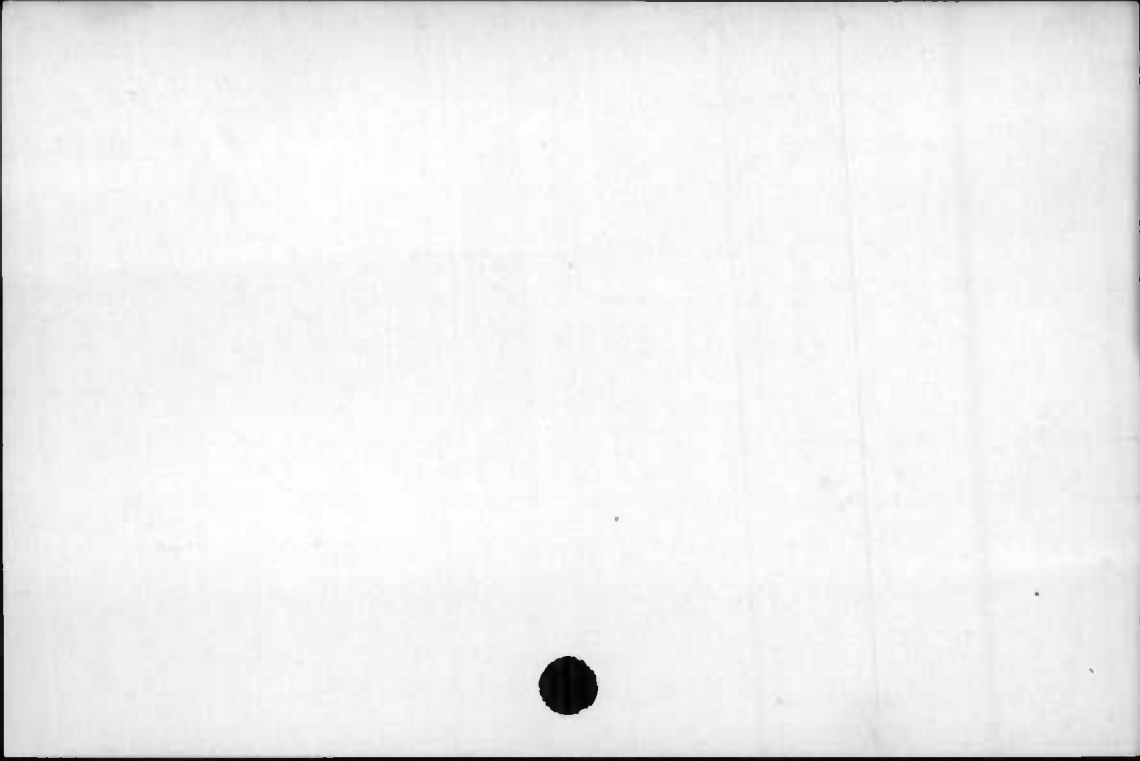
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------------|--|-------------------------------------------|--|------------------------------------------------------------------|--|------------------------------------------|--|
| Name <i>James Raht Larr</i> | | Town <i>near Stairs</i> | | County <i>2. a</i> | | MARYLAND | |
| Died at | | Date of death | | Age | | Birthplace | |
| | | <i>1906</i> | | <i>28</i> | | <i>near Stairs</i> | |
| Sex <i>male</i> | | Month <i>8</i> | | Day <i>13</i> | | Years <i>1</i> | |
| Color or Race <i>white</i> | | Occupation <i>nursing</i> | | Where Residing if not at place of death <i>Place of death</i> | | Days <i>28</i> | |
| Married, Single or Widowed <i>single</i> | | Name of Wife or Husband <i>—</i> | | Father's Birthplace <i>Balto Md</i> | | Mother's Birthplace <i>2. a. Mo</i> | |
| Father's Name <i>Oscar Larr</i> | | Mother's Maiden Name <i>Miss Davis</i> | | Name of person giving information <i>Oscar Larr</i> | | How related to deceased <i>Father</i> | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|------------------------------------------------------------------------------------|--|------------------------------------------------|--|
| Primary <i>Marasmus</i> | | How long <i>1 mo & 28 day</i> | |
| Immediate <i>Exhaustion</i> | | How long <i>—</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Myron L. M.D.</i> | |
| Address <i>—</i> | | Address <i>—</i> | |
| Accident or Suicide? <i>No</i> | | Address <i>—</i> | |



Name
in
Full

Thomas. Arney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Church Hill* Town *Queen Anne's* County **MARYLAND**

Date of death *1906 Aug 6* Month *Aug* Day *6* Age *about 67* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Blawie*

Occupation *House Carpenter* Where Residing if not at place of death *at home*

Married, Single or Widowed *Married* Name of Wife or Husband *Martha Rochester*

Father's Name *Not known* Father's Birthplace *—*

Mother's Maiden Name *" "* Mother's Birthplace *—*

Name of person giving information *Martha Seemey* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Gastric Ulcer* How long *5 weeks*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. A. G. H. Menden
Charles Hill

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

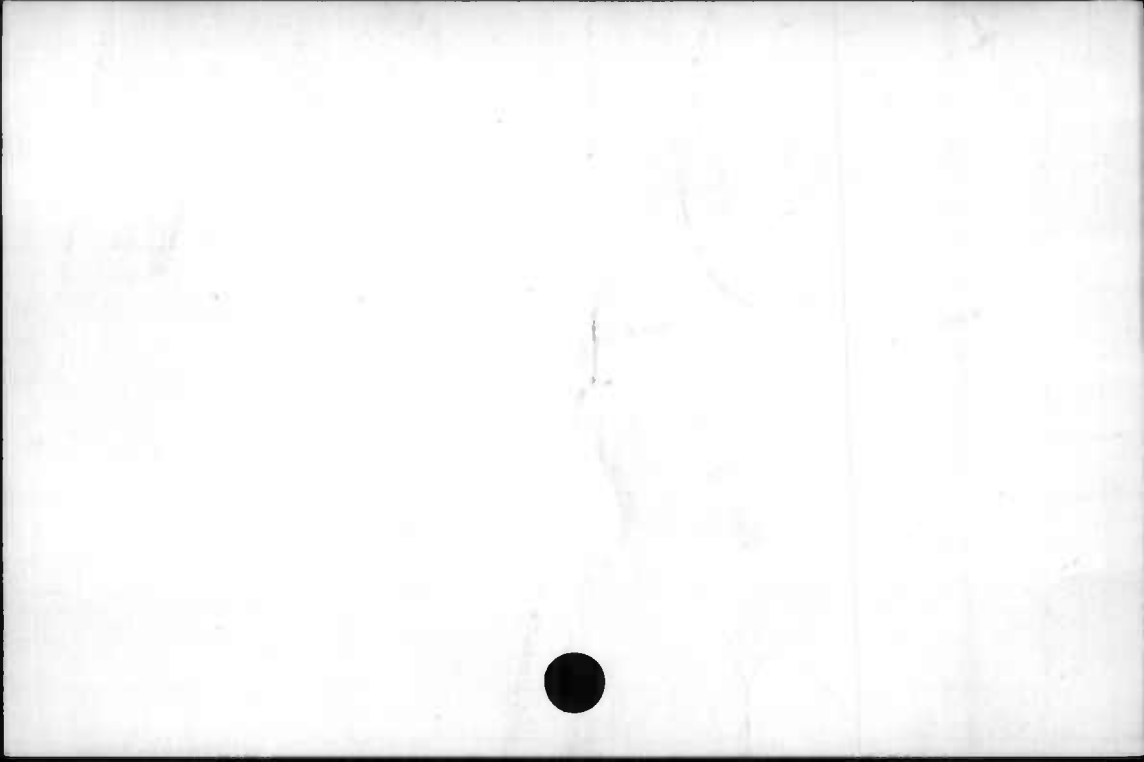
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------|---------------|-------------------------------|-------------------------|------------------|------|
| Died at <i>Wye Mills</i> ^{Town} | | <i>Linn</i> ^{County} | | MARYLAND | |
| Date of death | 1906 | Month | 8 | Day | 27 |
| Age | Years | | Months | | Days |
| Sex | <i>Female</i> | | Color or Race | <i>Colored</i> | |
| Occupation | <i>Chit</i> | | Birth-place | <i>Wye Mills</i> | |
| Where Residing if not at place of death | | | <i>Wye Mills</i> | | |
| Married Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name | | | <i>Geo. Townsend</i> | | |
| Mother's Maiden Name | | | <i>Susan Rhyan</i> | | |
| Name of person giving Information | | | <i>Joseph Rhyan</i> | | |
| Father's Birthplace | | | <i>Linn</i> | | |
| Mother's Birthplace | | | <i>Linn</i> | | |
| How related to deceased | | | <i>Mother</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|--------------------------------------|------------------------|--------------------|
| Primary | <i>Tuberculosis Marasmus</i> | How long | <i>Since Birth</i> |
| Immediate | <i>Revolution - 10. malnutrition</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| <i>Yes</i> | | <i>W. S. G. M. D.</i> | |
| Address | | <i>Wye Mills Md.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

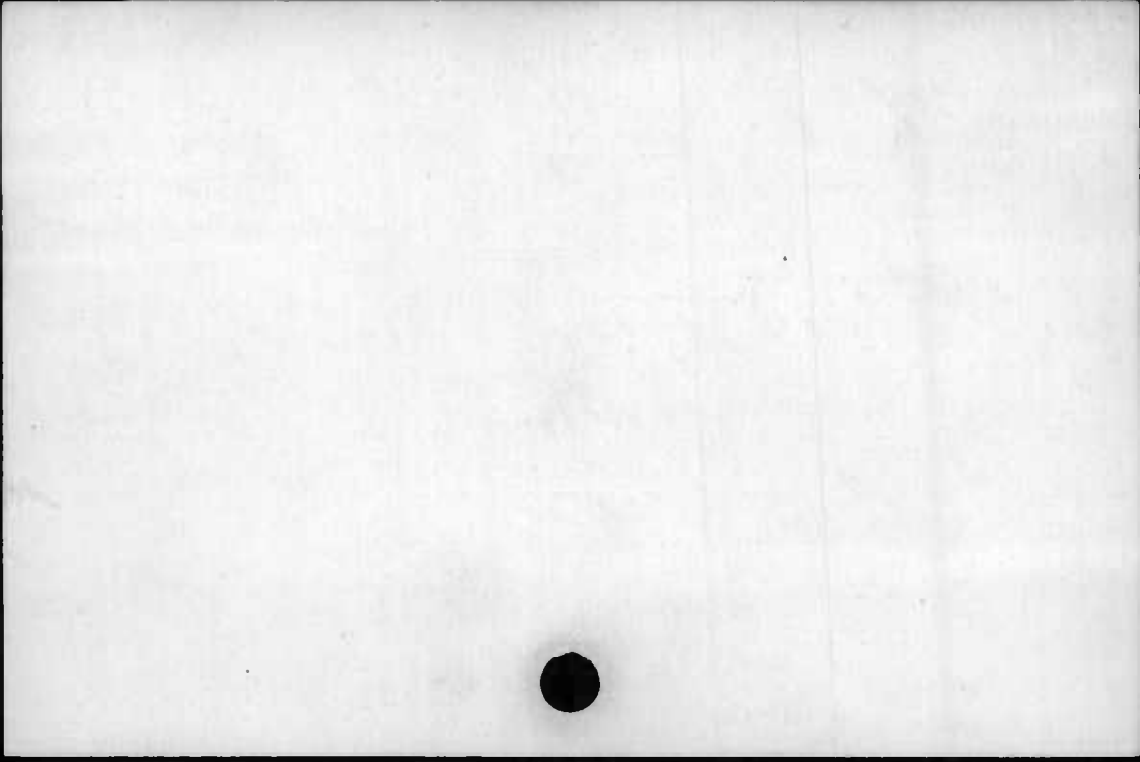
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

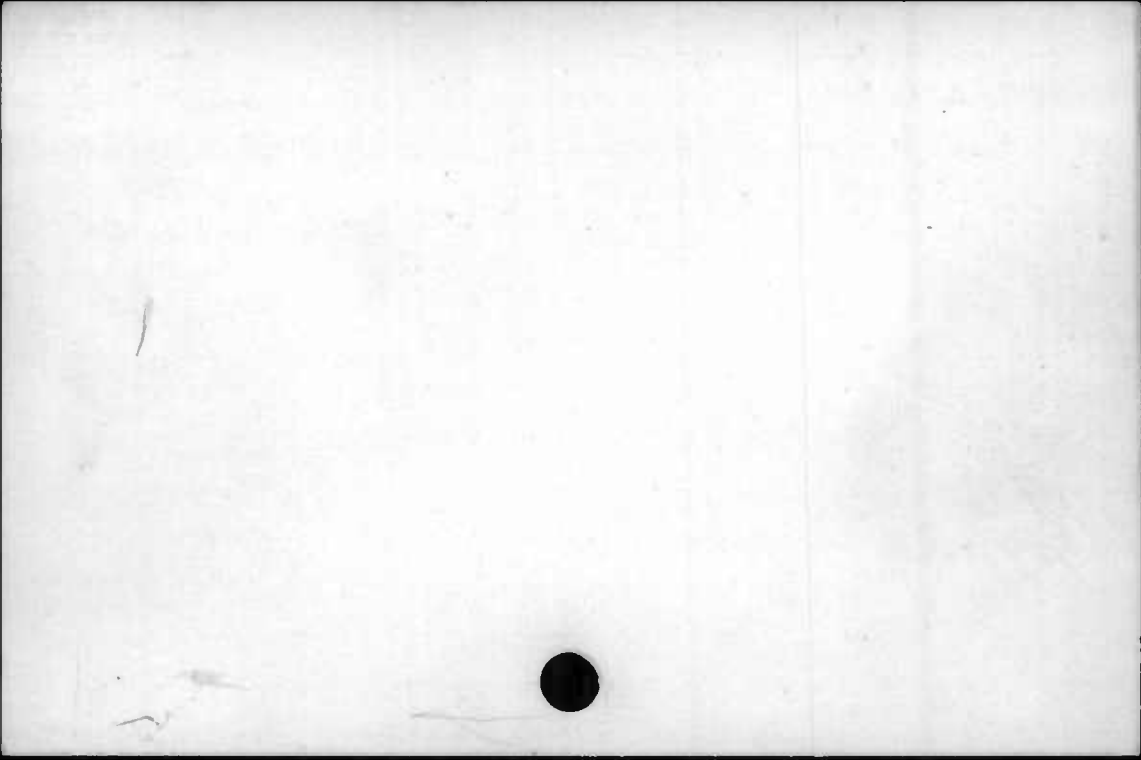
| | | | | | |
|---------------------------------------------------------|-------------------------------------------------------|--------------------------|--------------------------------------|-----------------|---------------|
| Died at <i>Centerville</i> Town | | <i>Queen Anne</i> County | | MARYLAND | |
| Date of death <i>1906</i> | Month <i>8</i> | Day <i>11</i> | Age <i>26</i> | Months <i>6</i> | Days <i>4</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>St Michaels</i> | | |
| Occupation <i>Lady</i> | Where Residing if not at place of death | | Place of death <i>Place of death</i> | | |
| Married, Single or Widowed <i>married</i> | Name of Wife Husband <i>Chas E. Tucker</i> | | | | |
| Father's Name <i>Dr Rabb. Dodson</i> | Father's Birthplace <i>Balto Md</i> | | | | |
| Mother's Maiden Name <i>Mary A Skinner</i> | Mother's Birthplace <i>Kent Delaware</i> | | | | |
| Name of person giving information <i>Dr Rabb Dodson</i> | How related to deceased <i>Father</i> | | | | |

CAUSES OF DEATH

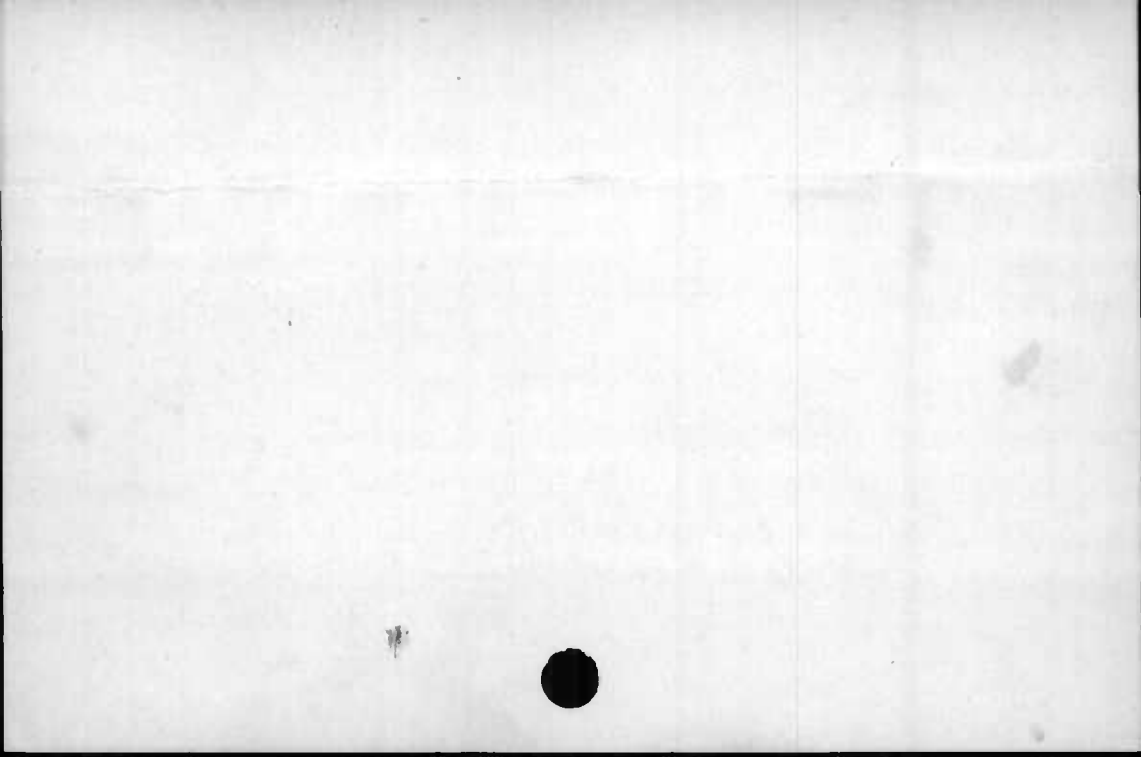
| | |
|---------------------------------------------------------------------------------|--------------------------------------------------|
| Primary <i>Child Birth</i> | How long <i>48 hours</i> |
| Immediate <i>Heart Failure</i> | How long <i>2 minutes</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>James H. [unclear]</i> |
| | Address <i>Centerville</i> |
| Accident or Suicide? <i>no</i> | <i>no</i> |



| Name in Full | | no name Tucker | | | | CERTIFICATE OF DEATH | |
|---------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------|-----------------|----------------------------------|----------------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <u>Bucksville</u> ^{Town} | | County <u>Queen Anne</u> | | MARYLAND | | |
| | Date of death <u>1906</u> | Month <u>8</u> | Day <u>11</u> | Age <u>none</u> | Months <u>none</u> | Days <u>none</u> | |
| | Sex <u>Female</u> | | Color or Race <u>White</u> | | Birth-place <u>Bucksville Md</u> | | |
| | Occupation <u>none</u> | | Where Residing if not at place of death <u>Place of death</u> | | | | |
| | Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u>—</u> | | | | |
| | Father's Name <u>Chas E. Tucker</u> | | Father's Birthplace <u>2. A. Co</u> | | | | |
| | Mother's Maiden Name <u>Helen Lyle Dodson</u> | | Mother's Birthplace <u>St Michaels</u> | | | | |
| Name of person giving information <u>Dr Robt Dodson</u> | | How related to deceased <u>Grand Father</u> | | | | | |
| <div style="text-align: center;">CAUSES OF DEATH</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary <u>Dist Born</u> | | How long <u>—</u> | | | | |
| | Immediate <u>—</u> | | How long <u>—</u> | | | | |
| | Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | Signature of Physician <u>[Signature]</u> | | Address <u>Bucksville</u> | | |
| | Accident or Suicide? <u>no</u> | | | | <u>Md</u> | | |



| Name in Full | | CERTIFICATE OF DEATH | | | | |
|-------------------------------------|----------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------|--|--------------------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Oscar Walls</i> | | Town <i>near Timperville</i> | | County <i>Queen Anne</i> | |
| | Date of death <i>1906 August 11th</i> | | Years <i>Age</i> | | Months <i>2</i> | |
| | Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Md-</i> | |
| | Occupation <i>-</i> | | Where Residing if not at place of death <i>-</i> | | | |
| | Married, Single or Widowed | | Name of Wife or Husband | | | |
| | Father's Name <i>Walter H. Walls</i> | | Father's Birthplace <i>Md</i> | | | |
| PHYSICIAN OR CORONER | Mother's Maiden Name <i>Emma Merchant-</i> | | Mother's Birthplace <i>Md.</i> | | | |
| | Name of person giving information <i>Walter H. Walls</i> | | How related to deceased <i>Father</i> | | | |
| | CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Enterocolitis</i> | | How long <i>about 2 weeks</i> | | | |
| | Immediate | | How long | | | |
| | Are the name, age, sex, color, date and place correctly given above? <i>yes.</i> | | Signature of Physician <i>J. P. Smith</i> | | | |
| | Accident or Suicide? | | Address <i>Timperville</i> <i>S. G. Faulkner Acting Coroner</i> | | | |



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

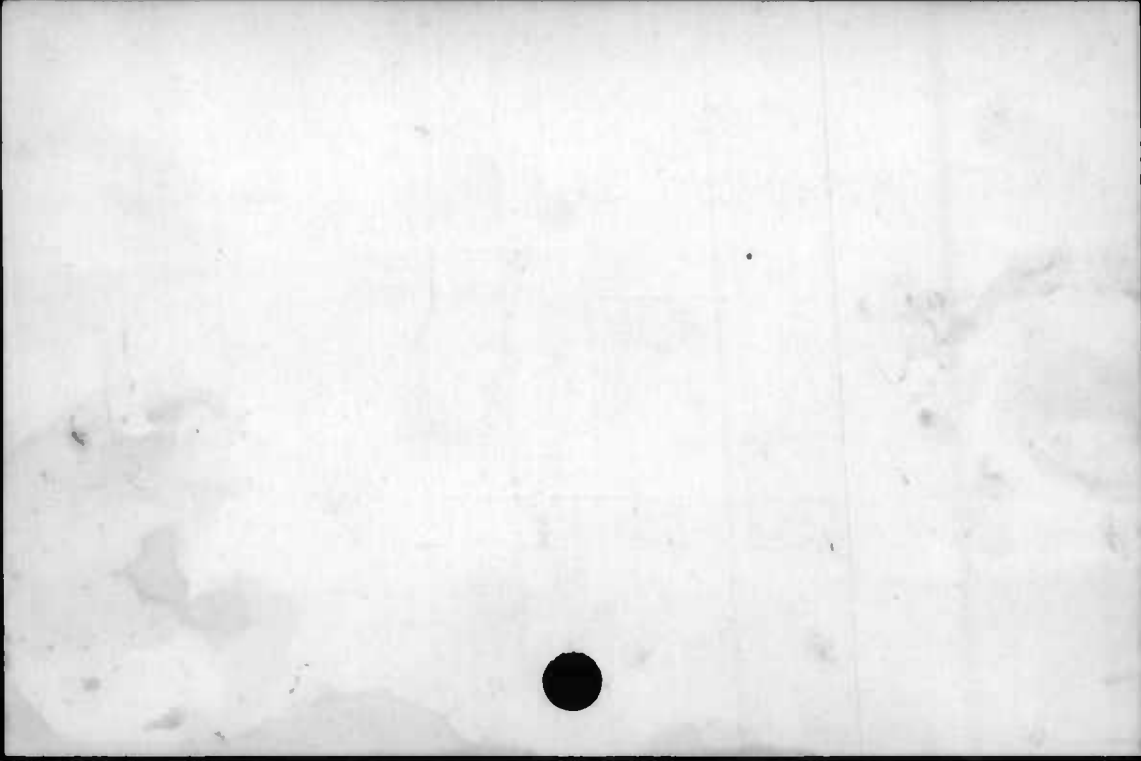
Catherine B. Walmsley

CERTIFICATE OF DEATH

| | | | | | |
|---------------------------------------------------------|------------------------------------|---------------------------------------------------|--------------------------------|--------------------------------|------------------------------|
| Died at <u>near Crumpton</u> <small>Town</small> | | <u>2. a. Co</u> <small>County</small> | | MARYLAND | |
| Date of death <u>1906</u> | <u>August</u> <small>Month</small> | <u>Second</u> <small>Day</small> | <u>30</u> <small>Years</small> | <u>—</u> <small>Months</small> | <u>—</u> <small>Days</small> |
| Sex <u>Female</u> | Color or Race <u>White</u> | Birth-place <u>2. a. Co</u> | | | |
| Occupation <u>House wife</u> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband <u>Robert E. Walmsley</u> | | | |
| Father's Name <u>Bernie's Subers</u> | | Father's Birthplace <u>Phil's Pa</u> | | | |
| Mother's Maiden Name <u>Mary J. Brothers</u> | | Mother's Birthplace <u>Phil's Pa</u> | | | |
| Name of person giving information <u>Mary J. Subers</u> | | How related to deceased <u>Mother</u> | | | |

CAUSES OF DEATH

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------|
| Primary <u>Pulmonary Tuberculosis</u> | How long <u>twice to be six or seven years</u> |
| Immediate <u>Collapse from Pulmonary Hemorrhage</u> | How long <u>Three days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>J. H. W. G. Meadows</u> |
| | Address <u>Clarket Hill, Md</u> |
| Accident or Suicide? | |



Name
in
Full

Suanna H. Watson

CERTIFICATE OF DEATH

| | | | | | |
|-----------------------------------|-------------------------|---------------------------------------------|----------|------------|-----------|
| Died at <i>Centerville</i> Town | | <i>Queen Anne</i> County | | MARYLAND | |
| Date of death | 1906 | Month | 8 | Day | 6 |
| Age | 80 | Years | 1 | Months | 13 |
| Sex | Female | Color or Race | American | Birthplace | Balt. Md. |
| Occupation | Lady | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Widow | Name of Wife or Husband <i>J. M. Watson</i> | | | |
| Father's Name | <i>Daniel F. Faubus</i> | Father's Birthplace <i>Germany</i> | | | |
| Mother's Maiden Name | <i>Susanna Butler</i> | Mother's Birthplace <i>Carlisle Pa</i> | | | |
| Name of person giving information | <i>Wm. F. Watson</i> | How related to deceased <i>Son</i> | | | |

CAUSES OF DEATH

| | | | |
|-----------|-------------------------|----------|----------------|
| Primary | <i>General Debility</i> | How long | <i>3 weeks</i> |
| Immediate | <i>Exhaustion</i> | How long | <i>1 day</i> |

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

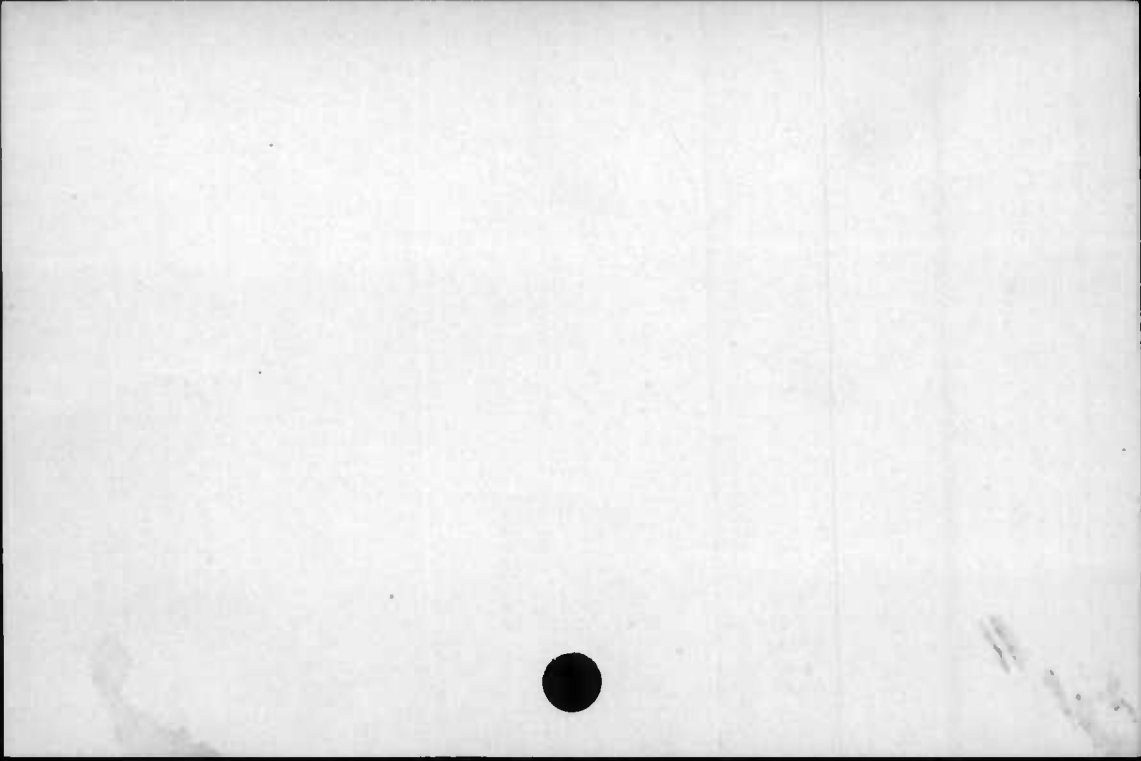
Address

Accident or Suicide?

No

J. M. Watson M.D.
Centerville
Queen Anne's Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

Annie Hicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------------------------|--------------------------------------------|-----------------------------------------|--------------------------------|----------------------------|-------------------------|
| Died at <u>Port Island</u> ^{Town} | | <u>Queen Anne's</u> ^{County} | | MARYLAND | |
| Date of death <u>1906 Aug.</u> ^{Month} | | <u>27</u> ^{Day} | Age <u>5-</u> ^{Years} | <u>3</u> ^{Months} | <u></u> ^{Days} |
| Sex <u>Female</u> | Color or Race <u>African</u> | Birth-place <u>Port Island</u> | | | |
| Occupation | | Where Residing If not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name <u>Geo. Hicks</u> | | Father's Birthplace <u>Port Island</u> | | | |
| Mother's Maiden Name <u>Lucy Knight</u> | | Mother's Birthplace <u>Port Island</u> | | | |
| Name of person giving information <u>Geo. Hicks</u> | | How related to deceased <u>Father</u> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---------------------------------------------------------------------------------|----------------------------------------------|-----------------------|
| Primary <u>Dropsy</u> | (177) | How long <u>3 wks</u> |
| Immediate <u>Do not know</u> | | How long |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Geo. R. Benton</u> | |
| | Address <u>Stevensville Md.</u> | |
| Accident or Suicide? | | |



4

Name
in
Full

Rachel Willson.

CERTIFICATE OF DEATH

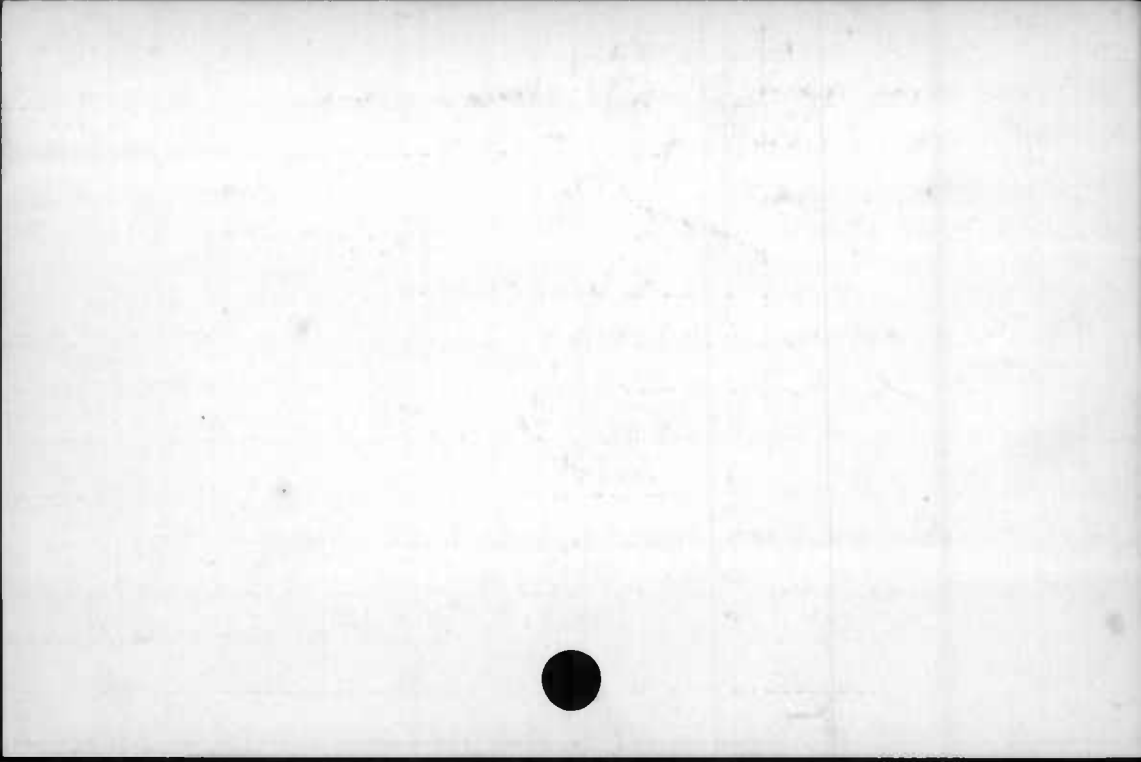
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|----------------------------------------------------------------------------------|----------------------------------------|-----------------------------------|----------------|
| Died at ^{Town} <i>Near Crumpton</i> ^{County} <i>Lewis Anne</i> | | MARYLAND | |
| Date of death 190 <i>6</i> | Month <i>Aug.</i> | Day <i>4</i> | Age <i>48</i> |
| Sex <i>Female</i> | Color or Race <i>Black</i> | Birth-place <i>Lewis Anne Co.</i> | Months Days |
| Married, Single or Widowed <i>Married</i> | Occupation <i>Labor</i> | | |
| Name of Wife or Husband <i>George Willson.</i> | | | |
| Father's Name <i>John Corsey</i> | Father's Birthplace <i>not known</i> | | |
| Mother's Maiden Name <i>not known</i> | Mother's Birthplace <i>not known</i> | | |
| Name of person giving information <i>George Willson.</i> | How related to deceased <i>Husband</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|----------------------------------------------------------------------|----------------------------------------------|
| Primary <i>Dysentery</i> | How long <i>Two weeks</i> |
| Immediate <i>Heart failure</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>T. F. Law M.D.</i> |
| | Address <i>Crumpton Md.</i> |
| Accident or Suicide? | |



Name
in
Full

Catharine Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------------------------|----------------------------|-------------------------------------|------------------------|--------------------------|--------|----------|--|
| Died at <i>near Crumpton</i> | | Town <i>Crumpston</i> | | County <i>Queen Anne</i> | | MARYLAND | |
| Date of death 1906 | Month <i>August</i> | Day <i>16th</i> | Age | Years <i>56</i> | Months | Days | |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth-place <i>Ind</i> | | | | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>Housewife</i> | | | | | |
| Name of Wife or Husband <i>Frederick Wright</i> | | | | | | | |
| Father's Name <i>Perry Johnson</i> | | Father's Birthplace <i>Ind</i> | | | | | |
| Mother's Maiden Name <i>—</i> | | Mother's Birthplace <i>—</i> | | | | | |
| Name of person giving information <i>F. T. Sheppard</i> | | How related to deceased <i>none</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------|
| Primary <i>Sick since last fall</i> | How long <i>1 year</i> |
| Immediate <i>Paralysis</i> | How long <i>only one visit</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>F. T. Sheppard M.D.</i> |
| | Address <i>Crumpston Ind</i> |
| Accident or Suicide? | |



| Name in Full | | Jyda Wright | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|----------------------------------------------------------------------|----------------|-----|-----------------------------------------|------------------------|----------------------|---------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Bulhsburg | | County | C. | | |
| | MARYLAND | | | | | | |
| | Date of death | 1906 | Aug | 29 | Age | 46 | Months 3 Days |
| | Sex | Female | | Color or Race | American | | |
| | Occupation | None | | Where Residing if not at place of death | Bulhsburg | | |
| | Married, Single or Widowed | Married | | Name of Wife or Husband | T. B. R. Wright | | |
| | Father's Name | Howard Johnson | | | Father's Birthplace | Elkton, Md | |
| | Mother's Maiden Name | Mary Miller | | | Mother's Birthplace | Cherry Hill | |
| Name of person giving information | Howard Johnson | | | How related to deceased | Father | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Epilepsy | | | How long | (19) | |
| | Immediate | Natural decay | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | J. A. Holton M.D. | |
| | | | | | Address | Centerville, Md | |
| | Accident or Suicide? | | | | | | |

